

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By ( Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	DAVID DIGIACINTO							
Street Address	135 W WALL STREET							
City	BETHLEHEM	State	PA	Zip Code	18018			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/05/2013	Year	2014		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2014	12/31/2014	
A. Amount Brought Forward From Last Report	\$	-14,149.35	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-14,149.35	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_

MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Area Code\_\_\_\_\_  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	DAVID DIGIACINTO
------------------------------------	------------------

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 0

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF DAVE DIGIACINTO					
Street Address		PO BOX 1853					
City	BETHLEHEM	State	PA	Zip Code	18016-1853		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/05/2013	Year	2014		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

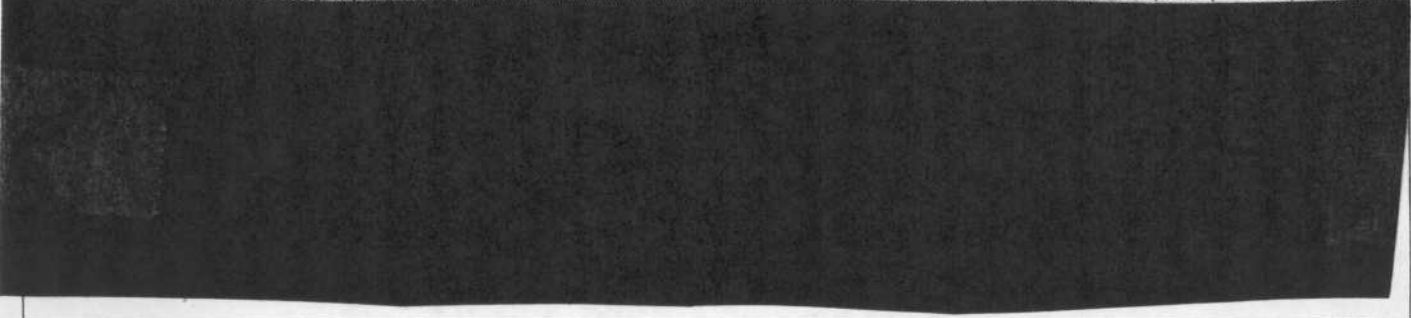
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2014	12/31/2014	
A. Amount Brought Forward From Last Report	\$	4,718.63	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	4,718.63	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4,718.63	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	14,149.35	

## Affidavit Section

Part I	
I swear	
Sworn	
My	

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as



SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	FRIENDS OF DAVE DIGIACINTO
------------------------------------	----------------------------

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>
---

Total for the reporting period	(1)	\$	0
--------------------------------	-----	----	---

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>
---

Contributions Received from Political Committees (Part A)	\$	0
---	----	---

All Other Contributions (Part B)	\$	0
----------------------------------	----	---

Total for the reporting period	(2)	\$	0
--------------------------------	-----	----	---

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>
--

Contributions Received from Political Committees (Part C)	\$	0
---	----	---

All Other Contributions (Part D)	\$	0
----------------------------------	----	---

Total for the reporting period	(3)	\$	0
--------------------------------	-----	----	---

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>
--

Total for the reporting period	(4)	\$	0
--------------------------------	-----	----	---

Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0
---	----	---

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	FRIENDS OF DAVE DIGIACINTO
------------------------------	----------------------------

Name of Creditor		DAVID DIGIACINTO				Outstanding Balance of Debt
House #	135	Street Address	E. WALL STREET		DATE DEBT INCURRED [MM/DD/YYYY]	\$ 14,149.35
City	BETHLEHEM	State	PA	Zip Code	18018	
Description of Debt		LOAN				
Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State		Zip Code		
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State		Zip Code		
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State		Zip Code		
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State		Zip Code		
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State		Zip Code		
Description of Debt						