Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number				ort Filed B ark X)	y	Candida	ite	Lobbyist	byist				
Name of Filing Committee, Candidate or Lobbyist				DAVID DIGIACINTO									
treet Address			135 \	W WALL STE	REET			ma If I			- 1	- 43	
City	BETHLEHE	М				State	PA		Zip Code	18018			
vpe of Report	(Place x under	report type)	_							-	- D		
- 6 th Tuesday		3- 30 Day Post	A C1	h Tuesday		2 nd Friday	6- 30	Day Post	7- Annual	Special 2	nd Friday	Special 3	n Day
re-Primary	Pre-Primary	Primary		Election		e- Election	6- 30 Day Post Election		7- Alliudi	Pre-Elect		Special 30 Day Post-Election	
									X				
Pate Of Election		11/05/2013	Yea	r		2014	Amer	idment rt		Terminat Report	ion		
ummary of Re	celpts and	From Date	T	To Dat	e				For	Office Use	Only		
xpenditures		01/01/2014	14 12/31			2014	1						
A. Amount Bro	ught Forward F	rom Last Repor	t	\$.	14,14	9.35							
From Schedule	e I)	ons and Receipts	5	\$	0		1						
C. Total Funds A (Sum of Lines A	and B)			\$	0								
D. Total Expend (From Schedule				\$	0								
E. Ending Cash (Subtract Line I	Balance			\$	14,14	19.35	1						
	(Ind Contribution	ons Received		\$	0		1						
	ts and Obligati	ons		\$	0		1		6:				
	Jajka viiri)					Affidavit S	ection						
		lidate's Authorize						The same					
I swear (or affirm amended.	n) that to the bes	t of my knowledge	e and	belief this p	olitica	al committe	e has not	violated ar	ny provisions of	f the Act of Ju	une 3, 1937	(P.L. 1333, I	NO.320)
Sworn to and sui	bscribed before r	ne this											
	f	20		.1		5.4		Çi.	gnature of Cano	fidate			
day o								318		mate			
day o			_										
	Signature	7		٠.١					Printed Name	9			
day o		DAY YR.		١.			Area Co	de		ytime Teleph	one Numb	er	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number DAVID DIGIACINTO

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
Total for the reporting period (2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
Total for the reporting period (3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 5 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 0



Print Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number			Report Filed By Candida (Mark X)				ndida	te		Committee		X	Lobbyist	
Name of Filing Co Lobbyist	ommittee, Car	ndidate or	FRIENDS OF DAVE DIGIACINTO											
Street Address			РО ВО	X 1853										
City				Sta	ite	PA		Zip Code	18016-18	53				
Type of Report (P	lace x under r	eport type)												nis di
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary Primary		The state of the s	Tuesday Election	5- 2 nd Friday Pre- Election		6- 30 Day Post Election		7- Annual	Special 2 nd Friday Pre-Election		Special 30 Day Post-Election			
									1	X		1		
Date Of Election (MM/DD/YYYY)		11/05/2013	Year 2014				Amer	idment rt		Termina Report	ation			
Summary of Reco	eipts and	From Date		To Dat	e	to Be				For	Office Us	e Only		
Expenditures		01/01/2014	4 12/31/2014											
A. Amount Broug	ght Forward F	rom Last Repor	t	5	4,718	8.63					100			
B. Total Moneta (From Schedule I	1)	ns and Receipts			0									
C. Total Funds A	and B)			4,718.63										
D. Total Expenditures (From Schedule III)			8	0										
E. Ending Cash Balance (Subtract Line D from Line C)				4,718.63										
F. Value of In-Kir (From Schedule		ons Received	n an	\$	C	0								
G. Unpaid Debts (From Schedule		ons		\$ 14,149.35										
Part				Male.		Affid	avit Se	ction				Sublat.		
Swo 2 My 0														
Part II- If this is a n		t of my knowledge							violated a	ny provisions of	f the Act of	June 3, 1937	' (P.L. 1333, N	40.320) a

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0

\$

Total for the reporting period

Total Monetary Contributions and Receipts during this reporting period (Add and

Cover Page, Item B)

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

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	CINTO			Outstanding Balance of Debt				
135	Street Address	E. WALL STREET			E DEBT II MM/DD/	YYYY]	\$	
City	BETHLEHEM		State	PA	Zip Code	18018	100	14,149.35
Description of Debt	LOAN					2 74		
Name of Creditor							0	utstanding Balance of Debt
House #	Street Address			COLUMN TO SERVICE	E DEBT I	NCURRED YYYYY]	\$	
City			State		Zip Code			
Description of Deb			4 4 4					
Name of Creditor				-			0	utstanding Balance of Debt
House #	Street Address				TE DEBT I	NCURRED /YYYY]	\$	
City			State		Zip Code		SECTION AND ADDRESS OF THE PERSON AND ADDRES	
Description of Deb	t							
Name of Creditor	0.44			Tr. M			C	Outstanding Balance of Debt
House #	Street Address				TE DEBT	NCURRED /YYYY]	\$	
City			State	ns,	Zip Code	Arthy)		
Description of Deb						XIII.		
Name of Creditor	the said			1.0	4-11	1	(Outstanding Balance of Debt
House #	Street Address			DA	TE DEBT	NCURRED YYYYY]	\$	
City			State		Zip Code			
Description of Deb	ot							
Name of Creditor							-	Outstanding Balance of Debt
House #	Street Address			DA	TE DEBT	INCURRED D/YYYY]		5
City	A CHAIN		State		Zip			
Description of Del	bt	13 4 18 19			7.44			TRANSITE !