

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 E. Wall Street						
City	Bethlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/21/2013	Year	2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/13	05/06/13	
A. Amount Brought Forward From Last Report	\$	-9,149.35	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	-9,149.35	
D. Total Expenditures (From Schedule III)	\$	5,000	
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 1- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20____.

My _____

Part _____

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

Filer Identification Number	David DiGiacinto
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$ 0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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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)		
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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)		
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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 III
Statement of Expenditures**

Filer Identification Number: **David DiGiacinto**

To Whom Paid		Friends of Dave DiGiacinto		Date [MM/DD/YYYY]	\$	5,000
House #	Street Address	P.O. Box 1853		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18016-1853	Loan
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure		
City		State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure		
City		State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure		
City		State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure		
City		State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure		
City		State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure		
City		State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure		
City		State		Zip Code		

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)	<input type="checkbox"/>	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		P.O. BOX 1853							
City	BETHLEHEM	State	PA	Zip Code	18016-1853				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/21/2013	Year	2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2013	05/06/2013	
A. Amount Brought Forward From Last Report	\$	836.33	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6,100	
C. Total Funds Available (Sum of Lines A and B)	\$	6,936.33	
D. Total Expenditures (From Schedule III)	\$	2,611.3	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4,325.03	
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 1. If this is a Committee report, treasurer sign here. If this is a candidate's report, candidate sign here.

Part 2. 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

Filer Identification Number	FRIENDS OF DAVE DIGIACINTO
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$ 0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 100
Total for the reporting period	(2)	\$ 100

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 6,000
Total for the reporting period	(3)	\$ 6,000

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$
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>		\$ 6,100

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	FRIENDS OF DAVE DIGIACINTO
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Full Name of Contributor	GEORGE ANDRALIS	Date [MM/DD/YYYY]	04/29/2013	\$ 100
House #	3537	Street Address	CHIPPENDALE CIRCLE	Date [MM/DD/YYYY]
City	BETHLEHEM	State	PA	Zip Code
			18017	Date [MM/DD/YYYY]
Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #		Street Address		Date [MM/DD/YYYY]
City		State		Zip Code
				Date [MM/DD/YYYY]
Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #		Street Address		Date [MM/DD/YYYY]
City		State		Zip Code
				Date [MM/DD/YYYY]
Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #		Street Address		Date [MM/DD/YYYY]
City		State		Zip Code
				Date [MM/DD/YYYY]
Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #		Street Address		Date [MM/DD/YYYY]
City		State		Zip Code
				Date [MM/DD/YYYY]
Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #		Street Address		Date [MM/DD/YYYY]
City		State		Zip Code
				Date [MM/DD/YYYY]

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	FRIENDS OF DAVE DIGIACINTO
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Full Name of Contributor				DAVID DIGIACINTO		Date [MM/DD/YYYY]	\$
						02/15/2013	5,000
House #	135	Street Address	E. WALL STREET		Date [MM/DD/YYYY]	\$	
City	BETHLEHEM	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Employer Name				BETHNY ENTERPRISE, INC.		Occupation	PRESIDENT
Employer Mailing Address / Principal Place of Business				135 E. WALL STREET, BETHLEHEM, PA 18018			

Full Name of Contributor				ROGER MOLT		Date [MM/DD/YYYY]	\$
						03/04/2013	1,000
House #	7216	Street Address	COUNTRYWOOD COURT		Date [MM/DD/YYYY]	\$	
City	SPRINGFIELD	State	VA	Zip Code	22151	Date [MM/DD/YYYY]	\$
Employer Name						Occupation	RETIRED
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor						Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor						Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

SCHEDULE III
Statement of Expenditures

Filer Identification Number: FRIENDS OF DAVE DIGIACINTO

To Whom Paid		LAFAYETTE AMBASSADOR BANK			Date [MM/DD/YYYY]	\$	22.25
					03/19/2013		
House #	Street Address	P.O. BOX 25091			Description of Expenditure		
City	LEHIGH VALLEY	State	PA	Zip Code	18002-5091	CHECKS	
To Whom Paid		C. MORGANELLI DESIGN			Date [MM/DD/YYYY]	\$	1,500
					03/08/2013		
House #	Street Address	SOUTH 7TH STREET			Description of Expenditure		
City	EASTON	State	PA	Zip Code	18042	WEBSITE DESIGN	
To Whom Paid		LEHIGH VALLEY PRINT CENTER			Date [MM/DD/YYYY]	\$	1,089.05
					VARIOUS		
House #	Street Address	N. NELSON STREET			Description of Expenditure		
City	ALLENTOWN	State	PA	Zip Code	18109	SIGNS AND CARDS	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

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
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Name of Creditor		DAVID DIGIACINTO				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		VARIOUS		\$ 14,149.35
135	E. WALL STREET					
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						