

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>	Report Filed By: <input checked="" type="checkbox"/> CANDIDATE	<input type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: <i>GIOVANNI Piccolino</i>			
Street Address: <i>2639 BIRNEY AVE</i>			
City: <i>SCRANTON</i>		State: <i>PA</i>	Zip Code: <i>18505 -</i>

TYPE OF REPORT  (place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30-DAY POST PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30-DAY POST ELECTION	TERMINATION REPORT?	YES	NO
	7. ANNUAL REPORT	YEAR	FILING METHOD ( ) CHECK ONE	PAPER	DISKETTE	

Name of Office Sought by Candidate:	DATE OF ELECTION MO. DAY YEAR	District Number	Office Code	Party Code	County Code

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY  LACKAWANNA COUNTY BUREAU OF ELECTIONS 2019 OCT 25 P 1:30
			10 21 2019	
	A. Amount Brought Forward From Last Report	\$	0	
	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)	\$	1622.50	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
	F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

**AFFIDAVIT SECTION**

**PART I** 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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 25 day of October

*Lina Rakauskas* Signature  
 Notary Public - Notary Seal  
 Tina Rakauskas, Notary Public  
 Lackawanna County  
 My commission expires March 5, 2022  
 Commission number 1327940  
 Member, Pennsylvania Association of Notaries

*Giovanni Piccolino* Signature of Person Submitting Report  
 Printed Name: Giovanni Piccolino  
 Area Code: 570 Daytime Telephone Number: 488-6782  
 My commission expires 3/5/22 MO. DAY YR.

**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.

**RECEIVED**  
 OCT 28 2019 12:00 PM JM  
 Signature of Candidate  
 Printed Name  
 OFFICE OF CITY  
 MUNICIPALITY/CITY CLERK  
 Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>	\$
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PART A

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$

# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

			DATE			AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

\$

PART C

# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees  
with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

			DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL	\$
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D  
**ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE	AMOUNT
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$

**PART E  
OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

PAGE TOTAL

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

\$

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$
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**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$

SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
				From _____		To _____	

  

To Whom Paid <b>GODFATHERS</b>	MO.	DAY	YEAR	Amount
Mailing Address <b>P.O. BOX 3716</b>	10	19	19	\$ 509.50
City <b>SCRANTON</b>	State <b>PA</b>		Zip Code (Plus 4) <b>18505 -</b>	
Description of Expenditure <b>SHIRTS</b>				

  

To Whom Paid <b>JAWORSKI STG &amp; COMPANY</b>	MO.	DAY	YEAR	Amount
Mailing Address <b>913-915 SOUTH MEYER AVE</b>	10	4	19	\$ 1113.50
City <b>SCRANTON</b>	State <b>PA</b>		Zip Code (Plus 4) <b>18504</b>	
Description of Expenditure <b>SIGNS</b>				

  

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

  

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

  

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

  

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

  

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
\$

# STATEMENT OF UNPAID DEBTS

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$
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