

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME **DIGIACINTO** FIRST NAME **DAVID** MI **T** SUFFIX

02 ADDRESS **135 E. WALL ST.** City **BETHLEHEM** State **PA** Zip Code **18018** Area Code **610** Phone **8821613**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A **BETHLEHEM CITY COUNCIL** seeking hold held

B **BETHLEHEM CITY CONTROLLER**

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **CITY OF BETHLEHEM**

B **CITY OF BETHLEHEM**

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
VICE PRESIDENT - CONAGRA FOODS, INC
PRESIDENT - BETHNY ENTERPRISE, INC

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2012**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)

CONAGRA FOODS INC 2060 OLD PHILADELPHIA PIKE LANCASTER, PA 17602
GUSMER ENTERPRISES INC 1165 GLOBE AVE MOUNTAIN SIDE, NJ 07092
COGNO LINK - New York, New York (see attached)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECT OR INDIRECT EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

CONAGRA FOODS INC 2060 OLD PHILADELPHIA PIKE LANCASTER, PA - DIRECTOR
GUSMER ENTERPRISES - 1165 GLOBE AVE MOUNTAIN SIDE, NJ - ADVISOR

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

BETHNY ENTERPRISE 135 E WALL ST Bethlehem, Pa 18018 S-CORP

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of the undersigned's knowledge and belief.

Ameriprise Financial Services Inc
70100 Ameriprise Financial Center
Minneapolis, MN 55474-0507

Morgan Stanley Smith Barney
490 E. Palmetto Park Road
Boca Raton, Florida 33432

OR

PO Box 286
Bowling Green Station
New York, NY 10274-0286

Regards
Dave DiGiacinto