

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	1	COMMITTEE	2	LOBBYIST	3	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Committee to Elect Daniel A. Buglio									
STREET ADDRESS 1814 W. Pennsylvania Street									
CITY Allentown			STATE PA		ZIP CODE 18104				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		Allentown City Council			Dem		MO.	DAY	
2ND FRIDAY PRE-PRIMARY							05	16	
30 DAY POST-PRIMARY							2017		
6TH TUESDAY PRE-ELECTION							FOR OFFICE USE ONLY		
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR			
				05 02 17		TO 06 05 17			
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0			
		AMENDMENT REPORT?		YES		NO	X		
		TERMINATION REPORT?		YES		NO	X		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 14th DAY OF JUNE 2017
 KATHLEEN PALMER

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL EXPIRES 04 08 2020
 KATHLEEN PALMER, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires April 8, 2020

SIGNATURE OF PERSON SUBMITTING REPORT
 Daniel A. Buglio
 PRINTED NAME
 484 739 9571
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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