

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 <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Daniel A. Buglio</i>							
STREET ADDRESS <i>1814 W. Pennsylvania Street</i>							
CITY <i>Allentown</i>		STATE <i>PA</i>	ZIP CODE <i>18104</i>				
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Allentown City Council</i>		DISTRICT NO.	PARTY	DATE OF ELECTION		
					MO.	DAY	YEAR
					<i>5</i>	<i>16</i>	<i>2017</i>
	DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
	MO. DAY YEAR		MO. DAY YEAR		RECEIVED 17 MAY -5 AM 10:31		
	<i>01 01 17</i>		<i>05 01 17</i>				
	CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>0</i>				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>					
AMENDMENT REPORT?		YES	NO				
			<input checked="" type="checkbox"/>				
TERMINATION REPORT?		YES	NO				
			<input checked="" type="checkbox"/>				

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 <i>4th</i> DAY OF <i>MAY</i> 20 <i>17</i> <i>Kathleen Palmer</i> SIGNATURE COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL KATHLEEN PALMER, Notary Public City of Allentown, Lehigh County My Commission Expires April 8, 2020	<i>[Signature]</i> SIGNATURE OF PERSON SUBMITTING REPORT <i>Daniel A. Buglio</i> PRINTED NAME 481 AREA CODE 239-9571 DAYTIME TELEPHONE NUMBER
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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 _____
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