CAMPAIGN FINANCE REPORT

PAGE 1 OF

(NOTE: This report must be clear and	d legible.	It may	be typed	or printed in	blue or	black ink.)		
Filer Identification Number:	Report Filed B		CANDI	DATE 1X	COMM	ITTEE 2.	LOBB)	(IST 3.
Name of Filing Committee, Candidate by Lobbyists Onnittee to CILH Dank	el A.	Bu	lio					
Street Plans W. Plansy Mann State	7	۷)					
city: Allentown			State:	PA	Zip Gpo	84	_	
TYPE OF 67H TUESDAY 1. 2NY ERIDA PRE-PRIMARY PRE-PRIMARY	AND RESIDENCE OF THE PROPERTY OF THE PARTY.	•	30 DAY POST PRIM	ARÝ 3.	AMENDA REPORT	Service and the service of the servi	ES	NŐ
6TH TUESDAY 4. 2NG FRIDA			30 DAY	6.	TERMIN	THE PERSON OF TH	ES	NO.
the right of ANNUAL 7. YEAR	I I U.V	F	POST ELECT		REPORT			
report type) REPORT) CHECK	ONE	PAPI		DISKE	
Name of Office Sought by Candidate:			DATE OF MO. DAY	ELECTION YEAR	District Number	Office Code	Party Code	County Code
ALLENTOWN CITY COUNC	CIL		5/16	2017		(SEE INST	RUCTIONS F	OR CODES)
					F		E USE ON	
Summary of Receipts	0\6	То	MO. DAY	2016				
A. Amount Brought Forward From Last Report		\$	0			Q _m	53	
B. Total Monetary Contributions and Receipts (From Sche	edule ()	\$	1.16	0160				j.
C. Total Funds Available (Sum of Lines A and B)		\$	1.00	9,60		Maria de Caración	₩ %)
D. Total Expenditures (From Schedule III)		\$	9/1.	90			between B 2 C	
E. Ending Cash Balance (Subtract Line D from Line-C)		\$	188	10			and the second s	in the second
F. Value of In-Kind Contributions Received (From Sched	dule II)	\$					on and	
G. Unpaid Debts and Obligations (From Schedule 1)	•	\$	0)			C	
	AFFIDAVI	LALENS AND DESCRIPTION OF THE PERSONS ASSESSMENT	Control of the Contro					
PART I = If this is a Committee report, treasure: sign I swear (or affirm) that this report, including the attached schedulers.							edge and bel	ief true,
Sworn to and subscribed before me this					Pal	1		
$\frac{3}{3} = \frac{1}{100} = \frac{100}{100} = \frac{100}$	17	7		ler a	1 X			
V O Maria Company				Signature o		ubmitting R	5	
Signature		} -		JAMES	Printed Nar			
AMENIVERALITY OF 202	20		6/ C Area Co)	4	41-10	237 aphone Numb	
NOTARIAL SEAL MO. DAY YR.			Alea Co	, de		syttine rele	sprione Numb	91
FART TORRE April 6,2000 of a Candidate's Authorize								
***-swear (or affirm) that to the best of my knowledge and belief (P.L. 1333, No. 320) as amended.	this politi	cal com	mittee has r	not violated an	y provision	ns of the A	ct of June 3	3, 1937
Sworn to and subscribed before me this	~ `	,	1 0	, /	,			
3/ day of languary 20.	1 /	-		Signe	ure of Car	didate		
Jathlein Signature	1	} _	yanill	H. I	Printed Nam)	**************************************	<u> </u>
/ 42 342	<u> </u>		484	·	2	39 95	571	
COMMONWEALTH OF PENNS LYANIA NO IANIA JAMES PROPRIES			Area Co	de	Da	ytime Tele	phone Numb	er
KATHLEEN PALMER, Notary Public City of Allentown, Lehigh County My Commission Expires April 19 2020 ment of State Bure My Commission Expires April 19 2020 ment of State Bure 110 North Office Building	eau of C	ommis	sions, Elec	ctions and L	egislation	1		
My Commission Exprises 310 North Office Building • H	Harrisburg	, PA	17120-00	29 • (71	7) 787-5	280		

DSEB-502 (7-99)

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page							
Name of Filing Committee or Candidate 1 Donald A. Buglio Reporting Peterson 1	20/16 To 7 31 2016						
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CON	TRIBUTOR						
TOTAL for the Reporting Period (1)	\$ Ø						
2. CONTRIBUTIONS \$50:01 TO \$250.00 (FROM PART A AND PART B)							
Contributions Received from Political Committees (Part A)	\$ 100.00						
All Other Contributions (Part B)	\$ 1000.00						
TOTAL for the Reporting Period (2)	\$\\00_00						
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)							
Contributions Received from Political Committees (Part C)	\$						
All Other Contributions (Part D)	\$ 85						
TOTAL for the Reporting Period (3)	\$ 5						
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C. (FROM PART E)						
TOTAL for the Reporting Period (4)	\$ 6. 00// \$						
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ //00 00						

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.

Committee to elect Daviel A. Buyli	() Reporting Period	016 TO [Z 31 Z8]6
Edi None of Chitributish Counting	DATE	AMOUNT
FOR Name of Contributing Committee Clfct Scott M. Grim	MO. DAY YEAR	\$ 100
Mailing Address (46 HAROULC AVL.	MO. DAY YEAR	\$
City Allentoun 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	\$
		7 \$
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 Summar	ry Page, Section 2.	\$ \\ \delta \del

PART B

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 CHIZEOS COMMITTEE TO BRUT DANN A. F.	Reporting Period	105/16/56 Alos
	DATE '	AMOUNT
Full Name of Contributor Styph (Kist HX	MO DAY YEAR	\$ 100 -
Mailing Address ASHIV COUPT 1880.	MÓ. DAY YEAR	\$
City KUT C toun PA DA 1953(-1910s 4)	MO: DAY YEAR	\$
Fui Name of Contributor A (O Hall o Vi)	9 Z3 20/6	\$ 50
Mailing Address 1877 5	MO. DAY YEAR	\$
Siste Sip Gode (Plus 4)	MO: DAY YEAR	\$
Full Name of Contributor Mailing Abdross	MO. DAY YEAR 2016	\$ 50-
Malling Address Mh AH SICH	MO. DAY YEAR	\$
Philadaphia Philadaphia	MO. DAY YEAR	\$
Mailing Address	90 DAY YEAR 2006	\$ 50
	MÓ. DAY YEAR	\$
Allerton P1x 8109 - 2091	MO. DAY YEAR	\$
Fun Name of Contributor Peter Tolani	MO. DAY YEAR	\$ 50 —
Mailing Address N. 18T) St	MG. DAY YEAR	\$
City Tenton Die Tip Code (Plus 4)	MO. DAY YEAR	\$
Full Page of Contributor H. Sagle	9 21 216	\$ \00 -
Matting Address H VCG Strut	MO. DAY YEAR	\$
City Dilector Pius 4)8103 -738	MO. DAY YEAR	\$
Full Name of Contributor Bullaku	MQ DAY YEAR	\$ 100 -
Mailing Address N. DTH St	MO. DAY YEAR	\$
City Allerton Pt Kib2-3767	MO. DAY YEAR	\$
Name of Contributor Lbby	MO, DAY YEAR	\$ 50 -
Mayling Addless W. Conyox55 St. Apt Z	MO. DAY YEAR	\$
City All (Touch Plus 4)	MO. DAY YEAR	\$
Enter Grand Total of Part B on Schedute I, Detailed Summary	Page, Section 2.	\$550,000

PART B

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.)

Committee or candidate	Reporting Period 70 20	16 TO 12/31/2016
	DATE	AMOUNT
Full Name of Contributor Richard Cowla	MOS DAY YEAR	7 0 1/1/ (
Mailing Address DO Letylb Packway Fast	MO. DAY YEAR	\$
State Sin Gode (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor Portcull A. Kithen	MA ZA YEAR	\$ \00-
Mailing Address W. Pennsylvania State	MO. DAY YEAR.	\$
State. Sip Colle (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor Enc Davis	MG PAY YEAR	\$ 50-
Mailing Address 3707 Oakubol Trail	MÖ. DAY YEAR	\$
City Allertour State (Sin Code (Pius 4)	MO. DAY YEAR	\$
Full Name of Contributor William 1105K15	Mg DAY YEAR 7	\$ 50~
Mailing Address 1813 W. Annsylvania Strut	MO; DAY YEAR	\$
City MIR TOUR Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor Frank Babashak	MO. DAY YEAR	\$ 50-
Mailing Address 1939 SAUCUN LANE	MO. DAY YEAR	\$
City Bethlehem State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor Stownold Cay Hiz	MO. DAY YEAR	\$ 100
Mailing Address 430 Vininia LAR	MO. DAY YEAR	\$
City Whathall State 18052-	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	\$
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	PAGE TOTAL \$ 450

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.

Committee to elect	Da	nel A, Bu	9/10		From 9	702	016 To 12 31 7016
			V		DATE	, , , , , , , , , , , , , , , , , , , 	AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus —	4)	MO.	DAY	YEAR.	s
Full Name of Contributing Committee				. MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	s
City	State	Zip Code (Plus	4)	Mo.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				M0.	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			2	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			2233	MO.	ĐAŸ	YEAR	\$
City	State	Zip Code (Plus —	4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			9	MO.		YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus -	4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Sched	lule I,	Detailed Sum	mary	Page,	Section	3.	\$

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	mmittee or ca	to lift	Dan	1el A. T	Buglio		From _	70/2	10 K To 17	312016
					_		DATE		AN	OUNT
Full Name of Cont	tributor					MO.	DAY	YEAR	\$	
Mailing Address						MO.	DAY	YEAR	\$	
City			State	Zip Code	(Plus 4)	MO.	DAY	YEAR		
									\$	
Employer Name						Occupat	ion			
Employer Mailing	Address/Principal P	lace of Business								
			1497 GUI KUMBANA			Mo.	DAY	YEAR		
Full Name of Cont	ributor								\$	
Mailing Address						MO.	DAY	YEAR	\$	
City			State	Zip Code	(Plus 4)	MO.	DAY	YEAR	4	
Employer Name	· · · · · · · · · · · · · · · · · · ·					Occupat	ion		\$	
Employer Name					and the first territory and the same and the		100000			
Employer Mailing	Address/Principal P	lace of Business								
Full Name of Cont	ributor				A STATE OF THE STA	MO.	DAY	YEAR	s	
Mailing Address						MO.	DAY	YEAR		
Walting Address			er dan i versi versi versi] \$	
City			State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$	
Employer Name						Occupat	tion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Employer Mailing	Address/Principal P	lace of Business	,							
Full Name of Cont	tributor					MO.	DAY	YEAR	l s	
Mailing Address						MO.	DAY	YEAR		
									\$	and the second
City			State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$	
Employer Name		·····				Occupa	tion			
Employer Mailing Address/Principal Place of Business										
Full Name of Cont	ributor					MO.	DAY	YEAR	\$	
Mailing Address						MO.	DAY	YEAR		
Matting Address									\$	
City			State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$	
Employer Name					Occupation					
Employer Mailing Address/Principal Place of Business										
									PAGE TOT	AL (*)
Enter Grand	Total of Part	D on Sche	dule I,	Detailed	Summary	y Page	, Sectio	n 3.		17

DSEB-502 (7-99)

-	MUE		UF	

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.

	ommiltee to	elit Vac	1)((A. Buylio		From (1)	70 70	16 TO 1 C 3/ (U)
Full Name	e.							
Mailing A	Address		·					
City		Sta	ite	Zip Code (Plus 4)	Mo	DAY	YEAR	Amount \$
Receipt D	Description				1		*	
Full Name	е		·					
Mailing A	Address							
City		Sta	ite	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
	Description							
Full Name								
Mailing A	Address	Lev		Zip Code (Plus 4)	мо.	DAY	YEAR	Amount
City Receipt D	Description	Sta	ite	Zip Code (Flus 4)		¥C.		\$
Deceibe -	Description							
Full Name	Δ					记2号 (P. 表示 人名德		
Full Name								
		Sta	nte	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Mailing A		Sta	ite	Zip Code (Plus 4) 	Mo.	DAY	YEAR	Amount \$
Mailing A	Address Description	Sta	ate	Zip Code (Plus 4)	МО	DAY	YEAR	
Mailing A	Address Description	Sta	ite	Zip Code (Plus 4)	МО	DAY	YEAR	Market Control of the
Mailing A City Receipt D	Address Description		ate	Zip Code (Plus 4) Zip Code (Plus 4)	Mo.	DAY	YEAR	
Mailing A City Receipt D Full Name Mailing A	Address Description							\$ Amount
Mailing A City Receipt D Full Name Mailing A	Address Description e Address Description							\$ Amount
Mailing A City Receipt C Full Name Mailing A City Receipt C	Address Description e Address Description			Zip Code (Plus 4)		DAY	YEAR	Amount \$
Mailing A City Receipt D Mailing A City Receipt D Full Name Mailing A City City	Address Description e Address Description	St						\$ Amount
Mailing A City Receipt D Mailing A City Receipt D Full Name Mailing A City City	Address Description e Address Description	St	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Penerting Period			
	1 A. Bulso	Reporting Reriod From 9 20 7	016 TO 12 31 7016		
	U	DATE	AMOUNT		
Full Name of Contributor	& Galk	PAY YEAR	\$ 1		
Mailing Address 27 N. LTR St		MO. DAY YEAR	\$		
City Allotoun	State Zip Code (Plus 4)	MO. DAY YEAR	\$		
Employer of Contributor		Occupation			
Employer Mailing Address/Principal Place of Business		Annobottad	find RAYAX		
Full Name of Contributor		MO, DAY YEAR	\$		
Mailing Address		MO DAY YEAR	\$		
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$		
Employer of Contributor	des anno actividad de la companya d	Occupation			
Employer Mailing Address/Principal Place of Business		Description of Contribution			
Full Name of Contributor		MO. DAY YEAR	d.		
			\$		
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	Language de la company de la c	Occupation			
Employer Mailing Address/Principal Place of Business		Description of Contribution			
Enter Grand Total of Part G on Sched Summary Page, Section 3.	dule II, In-Kind Contribu	tions Detailed	PAGE TOTAL \$		

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period	, 1 / /
			From 9/70/70	16 TO 7 31 7016
	ser-traditions	and the second s		
To Whom Paid THE M Effet 11	1		OF PAY SONE	Amount 77, 20
Mailing Address W. HINDING St.	W. W. Strategram Mondow		Description of Expenditure	
City WorteMI)	DH,	Zip Code (Plus 4)	Postands/	Invites
TO WHOM BETTHE AM ETHY L	LC		MO. DAY XEAR	Amount (1) 70
Maning Address W. HILLIAM STUT	†	-	Description of Expenditure	
CITY OF TIPUI	DI.	Sim Code (Plus 4)	Bonds.	
To Whom Paid AC) (ACC) (ACC)	(a)	T (in)	60 SHUN SAUL	Amount 683.71
Mailing Address 30 Mil Stoff	T.o.	J	Description of Expenditure	
10915VI)X	PA	Sip Sode (Plus 4)	tad coffici	, ,]
To Whom Paid J			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4) —		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4) —		·
To Whom Paid			MO DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
		TERRE E ELECTION AND AND AND AND AND AND AND AND AND AN		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, l	Report Cover Pa	age, Item D.	\$ 911.90

PAGE	OF	

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 Committee or Candidate A.	Buglio	Reporting Period From 9 70	2016 TO 12 31 2016
Name of Creditor			Outstanding Balance of Debt
Mailing Address City	DATE DEBT INCURRED Sta	O. DAY YEAR te Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address City	DATE M DEBT INCURRED State	O. DAY YEAR te Zip Code (Plus 4)	
Description of Debt			10 KH, 31 KH, 32 KH
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE M. DEBT INCURRED	O, DAY YEAR	
City	Stat	e Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address City	DATE DEBT INCURRED Stat		
Description of Debt		-	Processing to the second secon
Name of Creditor			Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE DEBT ME	D. DAY YEAR	Outstanding Balance of Debt \$
			Market Control of the
Mailing Address	DEBT INCURRED		Market Control of the
Mailing Address City	DEBT INCURRED		\$ Outstanding Balance of Debt
Mailing Address City Description of Debt	DEBT INCURRED State DATE DEBT	e Zip Code (Plus 4)	\$
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED State	e Zip Code (Plus 4) — Day YEAR	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED State DATE DEBT INCURRED	e Zip Code (Plus 4) — Day YEAR	\$ Outstanding Balance of Debt