CAMPAIGN FINANCE REPORT

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

,		-Instru	ctions on reverse-	<u>.</u>	·			
Filer Identification	P	Report	A Section Sales of	1.		2.	15.86	3.
Number:	F	iled By:	- CASIDIDATE	\mathbf{X}	COMMITTE		LOBBYIS	
Name of Filing Committee, Candidate or Lobbyist: BILL R	OMINE							
City: GLEENVILLE	24 RUA	0			·			
City: GAEENVILLE			State: PA		Zip Code: /	6125	•	
TYPE/CYCLE 1. OF REPORT 1.	PROBLEM RESPREMANDES		POST, PRIMARY	i.	iste Servicinii (liivoiter)	TEST DESTRUCTION OF THE PERSON	NO	
PRE-EXCHONE	PRE-ELECTION :	5.	BOSD-PURCHDING		POTO SE		No.	
Place x to the right of report (1998).	YEAR		egianid Mendely Pasanya eduan jen		Area -	ion in		
type/cycle	>		4				F 1000	
Name of Office Sought by Candidate:			DAGSC(0) ESDIG	CLION	District Number	Office Code	Party Code	County Code
SHERIFF			Month Day	/ 2007 Year	Number	OTH	DEM	43
Summary of Receipts	FROM: 10 /	23,0	7 to: // /24	0,07		ing (A) dage	nenontrio (odes) ↑
and Expenditures:	mo.		ar mo. da	y year	- Juan	(0)00(032	1/5/2 (0)SIL	Y Y
A. Amount Brought Forward From Last Report	:	\$	0			18		
B. Total Monetary Contributions and Receipts	(From Schedule I)	\$.	121,45			0 1007	EGIS ERIS	
C. Total Funds Available (Sum of Lines A and	B)	\$	121, 45			- 33G	SHE	
D. Total Expenditures (From Schedule III)		\$	121.45			ဟ်	COUNTY TION A TION A	
E. Ending Cash Balance (Subtract Line D from	Line C)	\$	0			U	MISS	
F. Value of In-Kind Contributions Received (F	rom Schedule II)	\$. 0			ب <u>ن</u> دم	NOIS NOIS	
G. Unpaid Debts and Obligations (From Sched	ule IV)	\$	<u> </u>			(ped)		

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	/ /
BILL ROMINE	From 10/23/07	то 11/26/07

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBU	TOR
TOTAL for the Reporting Period	(1)	\$	0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	Carlo Sapan Fre In Tol. 19.
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 121.45
TOTAL for the Reporting Period (2	\$ 121. 45

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0

4 OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS	, ETC	. (FR	OM PART E
TOTAL for the Reporting Period	(4)	\$	0

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.) * 121,45	
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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			Repo	orting Period	/ / /
BILL ROMINE			Fro	om 10/23/	07 то 11/26/07
			D	ATE	AMOUNT
Full Name of Contributing Committee			MG.	DAY YEAR	\$
Mailing Address			Mo.	DAY	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	\$
Full Name of Contributing Committee	MO.	DAYAS	\$		
Mailing Address			MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	\$
Full Name of Contributing Committee	<u> </u>		- 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		1	MO.	DAY YEAR	
Mailing Address			MO:	DAY YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY YEAR	\$
Full Name of Contributing Committee	L			DAY YEAR	
·					\$
Mailing Address			MO:	DAY	\$
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	\$
Full Name of Contributing Committee			MO.	DAY	\$
Mailing Address			MO.	DAY	\$
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$
					PAGE TOTAL
Enter Grand Total of Part A on Sche	dule I	, Detailed Summa	ry Page, Se	ection 2.	\$ O

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	1
BILL ROMINE				From _/	0/23/	107 то <u>11/26/02</u>
				DATE		AMOUNT
Full Name of Contributor WILLIAM H. ROMINE JR. Mailing Address			MO. 10	23	YEAR 07	\$ 121.45
Mailing Address			MO.	26	YEAR 07	\$
385 ST. GLORY ROAD ST. GREENVILLE	tate	Zip Code (Plus 4)	MOJ	Marrier Communication Communication	YEAR	*
	PA.	16125-	1	DAY	VEAD	\$
Full Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	itate	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			≪ Mo.	DAY	YEAR	\$
City	itate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO:	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	MQ.	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	4
						\$
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	tate	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 Schedul	le I, I	Detailed Summar	y Page	, Section	n 2.	\$ 121.45

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	7 то 11/26/07
BILL ROMINE					125/0	
				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	<u>-</u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<u> </u>	MQ.	# DAY	YEAR	\$
Mailing Address			∦MC:	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
Enter Grand Total of Part C on Sc	hedule l	, Detailed Summa	ary Page	, Sectio	n 3.	\$ <i>O</i>

Reporting Period

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

DSEB-502 (7-99)

BILL ROMINE				From _	0/23/	107 то 11/24/07		
				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.	S DAY	YEAR			
						\$		
Mailing Address				DAY		\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer Name			Occupa	tion				
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	J		Occupa	tion	l			
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO:	DAY	YEAR			
						\$		
Mailing Address			MO.			\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name			Occupa	tion	·			
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	<u> </u>		Occupa	tion				
Employer Mailing Address/Principal Place of Business								
Foton Count Total of Box D. on O.1						PAGE TOTAL		
Enter Grand Total of Part D on Sched	dule I,	. Detailed Summai	ry Page	, Sectio	n 3.			

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			Rep	orting I	Period	1 1
BILL ROMINE			F	rom _/	0/23	107 то 11/26/07
		<u> </u>			<u> </u>	
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		l				
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		L				4
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Receipt Description		· · · · · · · · · · · · · · · · · · ·			-	
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		_				\$
						2.05
Enter Grand Total of Book E. ac. Och-	ا - ایرانی	Detelled C	n			PAGE TOTAL
Enter Grand Total of Part E on Sche	aule I,	, Detailed Summary	Page, S	ection	4.	\$

SCHEDULE II

PAGE 8 OF 12

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 Per	iod /	./ /	
BILL ROMINE	From	<i>123/</i> 07	то 11/26/0	2
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	50.00 OR L	ESS PE	R CONTRIBUTO	R .
TOTAL for the Reporting Perio	d (1)	\$	0	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART	F) 建氯酸镍	
TOTAL for the Reporting Perio	d (2)	\$	O	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G			
TOTAL for the Reporting Perio	d (3)	\$	0	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	0	

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period	las illas las
BILL ROMINE	From <u>/0/23/</u>	107 то 11/26/07
	DATE	AMOUNT
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 Contributer		
Full Name of Contributor	MO: DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO: DAY YEAR	\$
Description of Contribution:	L	
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. PAY 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:	L	
Full Name of Contributor	MO. / DAY YEAR	\$
Mailing Address	MO. DAY- YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		
		DAGE TOTAL
Enter Grand Total of Part F on Schedule II, In-Kind Contribution	ons Detailed	PAGE TOTAL
Summary Page, Section 2.		\$ 0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Reporting Period	
BILL ROMINE		From _/0/2	3/07 to 11/26/02
		DATE	AMOUNT
Full Name of Contributor		MG. DAY YEAR	\$
Mailing Address		MO. WEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer of Contributor	<u> </u>	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		Mg. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MG. 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 Scheo	dule II In-Vind Cont-	butions Detailed	PAGE TOTAL
Summary Page, Section 3.	auie II, III-KIIIU CONTII	PARIOUS DETRINED	\$ O

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			1	Reporting Period	,
				From 10 /-	23/07 to 11/26/07
BILL ROMINE				110m <u>/ - / - / - / - / - / - / - / - / - / </u>	-101 10 11 10 101
To Whom Paid				DAY YEA	Amount of
DAFFINS CANDIES			//	2 07	. 11 72
Mailing Address			9	otion of Expenditur	e
496 E STATE STREET	State	Zip Code (Plus 4)	L	DOOR PRI	2E
SHAZON	PA	16146 -			
To Whom Paid	1 / [- Q. 10	MO:	DAY YEA	Amount 00
MERCER COUNTY DEMOCRAT	- Gav	MM, TTEE	11	4 07	\$ 20.
Mailing Address				ption of Expenditur	
P.O. BOX 49	State	Zip Code (Plus 4)	- ^	11010121	1442 3
SHARON PA.	PA	Zip Code (Plus 4) /6 (46 -			
To Whom Paid			MO.	DAY YEA	15 30
TOM AMUNDSEN Mailing Address			Descrit	9 07	\$ 10.
162 GREENWOOD DRIVE				BY TICAL	_
City	State	Zip Code (Plus 4)			
	PAN	161487-			
ST. JUHNS C.R. ORTHODOX C	HUN	r#	MO.	14 07	. 20
Mailing Address	,0,0		Descri	ption of Expenditur	
725 CEDAR AVENUE			R	AFFLE 1	CKRT
SHARON	State	Zip Code (Plus 4) / (4) / (6) -			
To Whom Paid	174.	14/76	MO.	DAY YEA	a Amount
OFBBIR LITTLE Mailing Address			//	26 07	\$ 57.
Mailing Address				ption of Expenditur	
235 S. FALIE ST.	State	Zip Code (Plus 4)	-	OCI I CAL	1700
MERCER	PA	16137 -			
To Whom Paid			MO.	DAY YEA	
Mailing Address			Descri	ption of Expenditur	\$
maining Address				priori or Experience	
City	State	Zip Code (Plus 4)			
			- MANAGEMENT		
To Whom Paid			. MO.	DAY YEA	Amount
Mailing Address			Descri	ption of Expenditu	
City	State	Zip Code (Plus 4)			
To Whom Paid		-	MO	DAY YE	R M Amount
			mu.		\$
Mailing Address			Descri	ption of Expenditu	18
City	State	Zip Code (Plus 4)			
		_			
			-		PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1,	Report Cover P	age,	Item D.	\$ 121,45

SCHEDULE IV 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	100 11/21/20
BILL ROMINE		i	From _	0/23/	107 то 11/26/07
Name of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		<u></u>			
Name of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	Tittodiniza	State	Zip Code	(Plus 4)	
Description of Debt		1			
Name of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	4. 数(法) (一部)
City		State	Zip Code	(Plus 4)	
Description of Debt					
					10
Name of Creditor					Outstanding Balance of De \$
Name of Creditor Mailing Address	DATE DEBT	MO.	DAY	YEAR	S S S S S S S S S S S S S S S S S S S
		MO.		YEAR	
Mailing Address	DEBT				
Mailing Address City	DEBT				
Mailing Address City Description of Debt	DEBT		Zip Code	(Plus 4)	\$ Outstanding Balance of De
Mailing Address City Description of Debt Name of Creditor	DATE DEBT	State	Zip Code	(Plus 4)	\$ Outstanding Balance of De
Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT	State	Zip Code	YEAR	\$ Outstanding Balance of De
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT	State	Zip Code	YEAR	S Outstanding Balance of Do Outstanding Balance of Do Outstanding Balance of Do
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State	Zip Code	YEAR	S Outstanding Balance of Do
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	State MO.	Zip Code	YEAR	S Outstanding Balance of Do Outstanding Balance of Do Outstanding Balance of Do
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code	YEAR YEAR YEAR YEAR	S Outstanding Balance of Do Outstanding Balance of Do Outstanding Balance of Do
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City	DATE DEBT INCURRED	MO. State	Zip Code	YEAR YEAR YEAR YEAR	S Outstanding Balance of Do Outstanding Balance of Do Outstanding Balance of Do
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	MO. State	Zip Code	YEAR YEAR YEAR YEAR	Outstanding Balance of Dos