

CITY OF TUCSON RECEIVED 21 JAN -29 PM 4:30 **OFFICE OF THE CITY CLERK**

FINANCIAL DISCLOSURE STATEMENT

(For use by all Local Public Officers and Candidates in the City of Tucson, State of Arizona)

lame of Local Public Officer or Candidate:	Nikki Lee	
Address:		
Please note: this address is public nformation and not subject to redaction)		
oublic Office Held or Sought:	Council Member	
District / Division # (if applicable):	Ward 4	
Please select the appropriate box that reflec	cts your service for this filing year (double-click the box and change the defau	ult value to "checked"):
I am a public officer filing this Financia	al Disclosure Statement covering the 12 months of calendar year 2020.	
I have been appointed to fill a vacancy 12 month period ending with the last fu	y in a public office within the last 60 days and am filing this Financial Disclosur Il month prior to the date I took office.	e Statement covering the
Invaned	I in the last full year of my final term, which expires less than thirty-one days are Statement covering the last 12 months plus the final days of my term for the	
	and am filing this Financial Disclosure Statement covering the 12 months p	receding the date of this
Lyarify under papalty of pariury that the	VERIFICATION information provided in this Financial Disclosure Statement is true and correct.	
r verify under penalty of perjury that the	Information provided in this Financial Disclosure Statement is true and correct.	
	NUGGEN CEL	1/29/21
	Signature of Public Officer or Candidate (Typewritten signatures accepted)	Date
Secretary of State Revision December 17, 2019	1	O-File

A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.1

. Identification of Household Members and Business Interests

That to disclose: If you are married, is your spouse a member of your nousehold?	Yes INO IN/A (If not married/widowed, select N/A)
re any minor children² members of your household? I Yes (if yes, disclose how man	y 3)
to the many titles and the second of the sec	

or the remaining questions in this Financial Disclosure Statement, the term "member of your household" or "household member" will be defined as he person(s) who correspond to your "yes" answers above.

'ou are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your sousehold members as "spouse," "minor child 1", "minor child 2," etc. Please note that if you choose to identify your spouse or minor children by name, the Secretary of State's Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the internet or providing it in response to a public records request.

Sources of Personal Compensation

Vhat to disclose: In subsection (2)(a), provide the name and address of each employer who paid you or any member of your household more than 1,000 in salary, wages, commissions, tips or other forms of compensation (other than "gifts") during the period covered by this report. Describe the lature of each employer's business and the type of services for which you or a member of your household were compensated.

n subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your or a member of your lousehold's use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the lature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf.

'ou need not disclose income of a business, including money you or any member of your household received that constitutes income paid to a susiness that you or your household member owns or does business as. This type of business income will be disclosed in Question 12 below.

¹ If additional space is needed to report information on this Financial Disclosure Statement, select the appropriate reporting area and add additional rows to the form. For example, to report an additional employer's name in Section 2, right-click in any row, click "Insert," and click "Insert Rows Above" or "Insert Rows Below" as needed.

² Minor children include children 18 years old and younger whom you have joint or sole legal custody over.

!. (cont.)

Subsection (2)(a):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ³ BENEFITED	NAME AND ADDRESS OF EMPLOYER WHO PROVIDED COMPENSATION > \$1,000	NATURE OF EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER FOR EMPLOYER
Nikki Lee	Raytheon Technologies 3360 E. Hemisphere Loop, Tucson AZ	Aerospace & Defense	Project Management
Spouse	Raytheon Technologies 3360 E. Hemishere Loop, Tucson AZ	Aerospace & Defense	IT Systems Administrator
Nikki Lee	City of Tucson 8123 E. Poinciana Dr, Tucson AZ	City Government	City Council Member

Subsection (2)(b) (if applicable):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ³ BENEFITED	Name and Address of Person Who Provided Services Valued Over \$1,000 For Your or Your Household Member's Use or Benefit	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF
N/A			

3. Professional, Occupational and Business Licenses

Vhat to disclose: List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement.

his includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held y a "controlled" or "dependent" business as defined in Question 12 below.

³ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

i. (cont.)

Public Officer or Household Member⁴ Affected	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE
N/A			

I. Personal Creditors

Vhat to disclose: The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt⁵ over i1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this inancial Disclosure Statement.

'ou need <u>not</u> disclose the following, which <u>do not</u> qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

⁵ A "qualifying" debt is a personal debt other than the types of debts in the bullet point list above.

PUBLIC OFFICER OR HOUSEHOLD OWING THE DEBT	MEMBER ⁴ NA		OF CREDITOR (OR PERSON TO YMENTS ARE MADE)	DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A				Date:
				☐ Incurred ☐ Discharged
				Date:
				☐ Incurred ☐ Discharged
				Date:
				☐ Incurred ☐ Discharged
y this Financial Disclosure State ne default value to "checked"). Additionally, if the debt was eithe vas incurred or discharged (doul	ement, along with or incurred for the ole-click the app	h the approximate first time or copropriate box and arred or fully disc	te value of the debt by find ompletely discharged (paid d change the default value	old a debt over \$1,000 at any time during the period covered ancial category (double-click the applicable box and changed in full) during this period, list the date and check whether e to "checked"). Otherwise, write "N/A" (for "not applicable covered by this Financial Disclosure Statement. If the Debt Was First Incurred or Completely Discharged During This Reporting Period, Provide the Date (MM/DD/YYYY) and Check the Appropriate Box
N/A			\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +	Date: Date:
			\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +	Date:
			\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +	Date:

(cont.)

⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

i. Gifts

Vhat to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding alendar year with a cumulative value over \$500, subject to the exceptions listed in the below "You need <u>not</u> disclose" paragraph. A "gift" means a ratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received vithout providing an equivalent benefit in return).

<u>Please note</u>: the concept of a "gift" for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in urizona's lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household's duty to disclose gifts in this inancial Disclosure Statement.

'ou need not disclose the following, which do not qualify as "gifts":

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona's intestate succession laws, not by will);
- Gift distributed from an inter vivos (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁷ WHO RECEIVED GIFT(S) OVER \$500	NAME OF GIFT DONOR
N/A	

⁷ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc Secretary of State Revision December 17, 2019

'. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

Vhat to disclose: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a lescription of the office, position or relationship.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁷ HAVING THE REPORTABLE RELATIONSHIP	Name and Address of Business, Organization, Trust, or Nonprofit Organization or Association	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER
N/A		

3. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

Vhat to disclose: The name and address of each business, trust, or investment fund in which you or any member of your household had an wnership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, nutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Ilso, put a check mark to indicate the value of the interest (double-click the applicable box and change the default value to "checked").

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁸ HAVING THE INTEREST	Name and Address of Business, Trust or Investment Fund	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Nikki Lee	Raytheon Technologies 3360 E. Hemisphere Loop, Tucson AZ	Aerospace & Defense - 401k	\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +
Spouse	Raytheon Technologies 3360 E. Hemisphere Loop, Tucson AZ	Nordepass a Bololies Total	\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +
			\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +

⁸ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

). Ownership of Bonds

Vhat to disclose: Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during he period covered by this Financial Disclosure Statement. Also, put a check mark to indicate the value of the bonds (double-click the applicable box and change the default value to "checked").

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether he bonds were acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not upplicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁸ ISSUED BONDS	ISSUING STATE OR LOCAL GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS	IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +	Date:
		\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +	Date:
		\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +	Date:

0. Real Property Ownership

Vhat to disclose: Arizona real property (land) and improvements which was owned by you or a member of your household during the period overed by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage), and put a check mark to indicate the approximate value of the and (double-click the applicable box and change the default value to "checked").

and was acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

'ou need not disclose: Your primary residence or property you use for personal recreation.

0. (cont.)

PUBLIC OFFICER OR HOUSEHOLD MEMBER® THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		\$1,000 - \$25,000 \$25,001 - \$100,000	Date:
		☐ \$100,001 +	Acquired Divested
		S1,000 - \$25,000	Date:
		\$25,001 - \$100,000 \$100,001 +	Acquired Divested
		\$1,000 - \$25,000	Date:
		\$25,001 - \$100,000 \$100,001 +	☐ Acquired ☐ Divested

11. Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

You need not disclose: Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

Name of Meeting, Conference, or Event Attended in Official Capacity as Public Officer	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
N/A		\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +
		☐ \$1,000 - \$25,000 ☐ \$25,001 - \$100,000 ☐ \$100,001 +
		☐ \$1,000 - \$25,000 ☐ \$25,001 - \$100,000 ☐ \$100,001 +

⁹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

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B. BUSINESS FINANCIAL INTERESTS

his section requires disclosure of any financial interests of a business owned by you or a member of your household.

2. Business Names

Vhat to disclose: The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, mited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Ilso disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any lousehold member (individually or combined) had an ownership interest that amounts more than 10%; and (2) the business received more than 110,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' loss income for the period.

<u>Please note:</u> If the business was either controlled or dependent, check whether it was controlled or dependent (double-click the appropriate box and hange the default value to "checked") in the last column below. If the business was both controlled *and* dependent during the period covered by this inancial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁰ OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER	
Nikki Lee	Split Comfort, LLC	Controlled Dependent	
Nikki Lee	Lee Innovations Group, LLC	Controlled Dependent	
		☐ Controlled ☐ Dependent	

<u>Please note</u>: If a business listed in the foregoing Question 12 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the susinesses listed in Question 12 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

¹⁰ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.

Secretary of State Revision December 17, 2019

3. Controlled Business Information

Vhat to disclose: The name of each controlled business listed in Question 12 above, and the goods or services provided by the business.

f a single client or customer (whether a person or business) accounts for more than \$10,000 and 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your pusiness provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below).

If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

'ou need not disclose: The name of any major client, or the activities of any major client that is an individual.

i you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may eave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT	Type of Business Activities of the Major Client (if a Business)
Split Comfort, LLC	N/A	N/A	N/A
Lee Innovations Group, LLC	N/A	N/A	N/A

4. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 12 above, and the goods or services provided by the business.

if a single client or customer (whether a person or business) accounts for more than \$10,000 and 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your pusiness provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below).

f the business does not have a major client, write "N/A" for "not applicable" in the last two columns below. Likewise, if the dependent business is also controlled business, disclose the business only in Question 13 above and leave this question blank.

'ou need not disclose: The name of any major client, or the activities of any major client that is an individual.

f you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may eave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CUSTOMER	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CUSTOMER (IF A BUSINESS)
N/A			

5. Real Property Owned by a Controlled or Dependent Business

Vhat to disclose: Arizona real property (land) and improvements which was owned by a controlled or dependent business during the period overed by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square ootage), and put a check mark to indicate the approximate value of the land (double-click the applicable box and change the default value to checked"). If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels led by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the and was acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

'ou need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a lependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		□ \$1,000 - \$25,000 □ \$25,001 - \$100,000 □ \$100,001 +	Date:
		\$1,000 - \$25,000 \$25,001 - \$100,000 \$100,001 +	Date:
		□ \$1,000 - \$25,000 □ \$25,001 - \$100,000 □ \$100,001 +	Date: ☐ Acquired ☐ Divested

6. Controlled or Dependent Business' Creditors

Vhat to disclose: The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

'ou need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a ontrolled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		Date:
		Date:
		Date: Incurred Discharged

7. Controlled or Dependent Business' Debtors

Vhat to disclose: The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 10% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also disclose the approximate value of the debt by financial category (double-click the applicable box and hange the default value to "checked").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

'ou need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a ontrolled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWED THE DEBT	Name of Debtor	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A	,	\$1,000 - \$25,000 \$25,001 - \$100,000	Date:
		\$100,001 +	☐ Incurred ☐ Discharged
		Ψ1,000 Ψ20,000	Date:
		\$25,001 - \$100,000 \$100,001 +	☐ Incurred ☐ Discharged
		\$1,000 - \$25,000	Date:
	\$25,001 - \$100,000 \$100,001 +	☐ Incurred ☐ Discharged	