CAMPAIGN FINANCE REPORT

PAGE 1 O

COVER PAGE

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

Filer Identification Number:	Report Filed By:	CANDIDATE 1.	сомм	TTEE	2.	LOBB	YIST 3,		
Name of Filing Committee, Candidate or Lobbyist: Friends of Jeff Glazier									
Street Address: 159 Hamilton Street									
City: State: 14 Zip Code:									
Allentown		PA	18	18101-					
TYPE OF STH TUESDAY 1. 2ND FRIDA PRE-PRIMARY PRE-PRIMA	RY P	DAY 3. DST PRIMARY	AMENDA REPORT?	and the second second	YES		NO		
(place X to PRE-ELECTION PRE-ELECTION PRE-ELECTION		DAY 6.	TERMINA REPORT?		YES		NO.		
the right of report type) ANNUAL 7. YEAR REPORT		NG METHOD) CHECK ONE	PAPE	R	V	DISKE	TTE		
Name of Office Sought by Candidate:		DATE OF ELECTION	District Number	Office Code		Party Code	County		
City Cartroller, City of Al	leitoun -	0. DAY YEAR	7						
		0 10 001					OR CODES		
Summary of Receipts		D. DAY YEAR		OR OFFI	CE U	ISE OF	VLY		
	17 To [5 01 2017							
A. Amount Brought Forward From Last Report		289.41							
B. Total Monetary Contributions and Receipts (From Sche		670,00	4						
C. Total Funds Available (Sum of Lines A and B)		159 41	4						
D. Total Expenditures (From Schedule III)		35.32	-						
E. Ending Cash Balance (Subtract Line D from Line C)		24,09	_						
F. Value of In-Kind Contributions Received (From Schedu		0,00							
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00							
PART I - If this is a Committee report, treasurer sign h	FFIDAVIT SECTION		Service Const			25 E E	lu.W.		
I swear (or affirm) that this report, including the attached schedu						and be	lief true,		
Sworn to and subscribed before me this COMMONWEALTH OF PENNSYLVANIA Signature of Person Submitting Report NOTARIAL SAL Signature Evelyn J. Garcia. Notary Public Evelyn J. Garcia. Notary Public My commission expires MO. DAY MEMBER. PENNSYLVANIA ASSOCIATION OF NOTARIES Daytime Telephone Number									
PART II - If this is a report of a Candidate's Authorize									
PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not viblated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this Outhorized Commonweal The Frennsyl Vanya Notariat Stall Dalma Colon, Notary Public Dalma Colon, Notary Public Signature Signature Signature MycCommission Expires July 13, 2018 MycCommission Expires July 13, 2018 Mo. Day Mr. Area Code Daytime Telephone Number									
				yume 19	repnor	ie Numb	per		

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Jeff Glazier	From 01/01/2017 To 05/01/2017

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUT	TOR
TOTAL for the Reporting Period	(1)	\$	695.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	0,00
All Other Contributions (Part B)	\$	1975.00
TOTAL for the Reporting Period (2) \$	1975,00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	0,00
All Other Contributions (Part D)	\$	0,00
TOTAL for the Reporting Period	(3) \$	0,00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	r c . ()	FROM PART E)
TOTAL for the Reporting Period (4) \$	0.00

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.)	\$ 2670.00
---	------------

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.

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 01/01/2017 To 05/01/2017

Parliants States No. 1				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Addrone						\$
Mailing Address			MO.	DAY	YEAR	
0.1						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
•			- Mio.	DATE	TEMA	\$
Mailing Address			10 May 1			1 2
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				<u> </u>
	0.5.0		MO.	DAY	YEAR	
		44 5				\$
Full Name of Contributing Committee			MO.	DAY -	YEAR	
Marillan Addition						1 \$
Mailing Address			MO.	DAY	YEAR	
						† \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
				DAT	TEAR	\$
Full Name of Contributing Committee			-			Ψ
reality of Contributing Committee			MO.	DAY	YEAR	-
Mailing Address						\$
			MO.	DAY	YEAR	
						1 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		2:2:				1 \$
Full Name of Contributing Committee			MO.	DAY	YEAR	
				000	1500	\$
Mailing Address				J. C. COLL		· ·
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				4
	5.5.5	Lip Code (Fills 4)	MO.	DAY	YEAR	
ENLL N						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
marinia unanass			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		9 5				s
Full Name of Contributing Committee			Lavo	- 0.00	170	
			MO.	DAY	YEAR	\$
Mailing Address						
25 CO 10 CO 50 CO 50 CO 10 CO			MO.	DAY	YEAR	•
City						\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		=======================================				\$
full Name of Contributing Committee			MQ.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	
					- Carrier -	\$
City	State	Zip Code (Plus 4)	110	CHIC	- N P	
			MO.	DAY	YEAR	e
			L			\$
						DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$ 0,00

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
Friends of Jeff Glazier	From 01/01/2017 To 05/01/2017

Full Name of Contributor			DATE			AMOUNT
Gerald Zahor	chal	MO.	DAY	YEAR	\$	~~
Mailing Address	c reck	63	i D	2017	1 9	75.00
Address 2000 Young St. City Johnstown Sta		MO.	DAY	YEAR	\$	
Johnstown P	te Zip Code (Plus 4)	MO.	DAY	YEAR		
JOHNSTOWN P	4 15902 - 3365				\$	
Full Name of Contributor Malcolm Gros		MO.	DAY	YEAR		10
		03	17	2017	\$	100.00
2804 W. Gordon	St	MO.	DAY	YEAR	\$	
City All L Sta	te Zip Code (Plus 4)	MO.	DAY	YEAR	Ť	
Allentown	78104 -	IIIO.	DAI	JEAR	\$	
Full Name of Contributor		MO.	DAY	YEAR -		
Mailing Address Gavin Holhan		03	15	2017	\$	100.00
3039 W / W	C+	MO.	DAY	YEAR	\$	
City	te Zip Code (Plus 4)					
3039 W. Livingsto Gity Allentown P	1 18104 -	MO.	DAY	YEAR	\$	
Full Name of Contributor		Mo	200		-	
Mailing Address Henry Lyons		MO. 03	DAY 37	2017	\$	100,00
Mailing Address		MO.	DAY	YEAR		7-0,00
2829 W. Chew ST	,				\$	
Allentown P	e Zip Code (Plus 4)	MO.	DAY	YEAR		
Full Name of Contributor	4 10 109 -				\$	
William Malk	alda es	MO.	DAY	YEAR	\$	100.00
Viailing Address		03 Mo.	DAY	YEAR	4	100.00
509 W. Linden St		7.00		- Junio	\$	
Allentown P	e Zip Code (Plus 4)	MO.	DAY	YEAR		
	18101 =				\$	
Michael Miller		MO.		YEAR	\$	100
waiting Address		03 MO.	09	2017	Ф	100,00
832 N. Muhlenber	a St	MU.	DAY	YEAR	\$	
Stat	Zip Code (Plus 4)	MO.	DAY	YEAR		
Allentown PA	1 18104 -				\$	
IIII Name of Contributor		MO.	DAY	YEAR	4	
Leonard and Rh	ook Glazier	03	07	2017	\$	100.00
940 N. 24th St.	-	MO.	DAY-	YEAR	\$	
Sity State	Zip Code (Plus 4)	Mo	Day	WELL	-	
Allentown PA	18104 -	Mo.	DAY	YEAR	\$	
ull Name of Contributor		MO.	DAY	YEAR	_	
Andrew and Par	nelalleiss	03	18	2017	\$	100.00
3014 W. Greenleaf.	C4	MO.	DAY	YEAR	•	
Ctate	ファーフip Code (Plus 4)				\$	
Allentown	18104 -3859	MO.	DAY	YEAR	\$	
	and read					TOTAL
Inter Grand Total of Part P on Cabadala	I Detelle LO	_	_			
Enter Grand Total of Part B on Schedule	i, Detailed Summary	Page, S	Section	2.	\$	775,00
EB-502 (7-99)					Q-1-	

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.)

(Exclude contribution	ns from political c	committees	eported	in Par	t A.)
Name of Filing Committee or Candidate			Reporting		
Friends of Jeff Glazi	er		From 👱	1/01/2	017 TO 05/01/2017
			DATE		AMOUNT
Full Name of Contributor Candida A	C P	MO.	DAY	YEAR	
Mailing Address		()3	24	201	\$ 100,00
247 N- 12th S	/ .	MO.	DAY	YEAR	\$
Allentown	State Zip Code (PI)	us 4) MO.	DAY	YEAR	
	14 1810 J -				\$
Full Name of Contributor Robert Ben	with	Mo.	DAY	YEAR	\$ 200.00
AAA II AA AAAA		03 MO.	DAY	YEAR	\$ 200,00
970 N. 38th St		Mo.	DAI	TEMA	\$
Allentown	PA 18102 -	ıs 4) MO.	DAY	YEAR	
	PA 18107-				\$
Full Name of Contributor David Hoff	41.	MO.		YEAR	¢ 200 mg
Mailing Address	Ma 4	03	77	2017	\$ 200,00
806 N. 30th St.		MO.	DAY	YEAR	\$
City	State Zip Code (Pic	is 4) MO.	DAY	YEAR	
Alleutown	PA 18104 -				\$
Full Name of Contributor		MO.	DAY	YEAR	6 3
Mailing Address	socky	03		2017	\$ 200,00
4021 Page St.		MO.	DAY	YEAR	\$
City	State Zip Code (Plu	s 4) MO.	DAY	YEAR	
Allentown	PA 18104 -				\$
Full Name of Contributor Lee Butz		MO.	DAY	YEAR	A 5
Mailing Address		04	05	2017	\$ 250,00
Mailing Address 840 W. Hamilton City Allentown	St Sunto 21	МО.	DAY	YEAR	\$
City	State Zip Code (Plu	s 4) MO.	DAY	YEAR	`
1111001	PA 18101 -	3410.	DATE	JEAN	\$
Full Mama of Castathur		MO.	DAY	YEAR	
Mailing Address Mailing Address		03	22	2017	\$ 250,00
316 N. 27th S	-	MO.	DAY	YEAR	\$
City	State Zip Code (Plu	s 4) MO.	DAY	YEAR	
Allentown	VA 18104 -		- PA1	FGAIL	\$
Full Name of Contributor		MO.	DAY	YEAR	
Mailing Address					\$
The state of the s		MO.	DAY	YEAR	\$
City	State Zip Code (Plus	s 4) MO.	DAY	YEAR	· ·
	=	mo.	DAI	TEAR	\$
Full Name of Contributor		- MO.	DAY	YEAR	
Mailing Address					\$
1 000 000 000 000 000 000 000 000 000 0		MO.	DAY	YEAR	\$
City	State Zip Code (Plus	5 4)	D. D. W.	NE CE	₩
	_	MO.	DAY	YEAR	\$
			2		PAGE TOTAL

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

\$ /200,00

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.

Friends of Jeff G	^1		- 1	Reporting		
THERE'S BY DEFF	razie.			From _	1/01/	2017 To 05/01/20
Full Name of Contributing Committee				DATE		AMOUNT
Si contributing committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
Dity						7 \$
74)	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	1
		9 = 0			- renn-	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	Ψ
ity					7 5751	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
ull Name of Contributing Committee		_		4	VI at a series and	\$
			MO.	DAY	YEAR	\$
lailing Address			MQ.	DAY	YEAR	
ity	State	Zip Code (Plus 4)				\$
	Julia	21p Code (Plus 4)	MO.	DAY	YEAR	\$
III Name of Contributing Committee			MO.	DAY	YEAR	
ailing Address					12/01	\$
Control of the Contro			MO.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
					- Carus	\$
II Name of Contributing Committee			MO.	DAY	YEAR	A
ailing Address			MO.	DAY		\$
ty			MO.	-DAT	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
II Name of Contributing Committee		<u>.=.</u>	-			9
			MO.	DAY	YEAR	\$
alling Address			MO.	DAY	YEAR	
ty.	State	Zip Code (Plus 4)				\$
_		-	MO.	DAY	YEAR	\$
Name of Contributing Committee			MO.	DAY	YEAR	
iling Address						\$
8			MO.	DAY	YEAR	\$
у	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			1.110.	DA.I	TEAR	\$
						PAGE TOTAL
iter Grand Total of Part C o						\$ 0,00

ALL OTHER CONTRIBUTIONS

\$ 0.00

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			F	Reporting	Period	
Friends of Jeff Glazier				From ¢	1/01/2	2017 To 05/01/2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY		
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business						
TOTAL TOTAL CONTRACTOR OF THE PROPERTY OF THE						
Full Name of Contributor			Mo.	T DAY	1 VEAR	
			W.C.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	T I					3
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name	\perp		Occupation	<u> </u>		\$
September 1972			Uccupani	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY -	YEAR	
Mailing Address						\$
marring Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	110	219		•
,	3,	Elp Gue II tue	MO.	DAY	YEAR	\$
Employer Name			Occupation	on	بسل	
				art y		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAV	YEAD	\$
			mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Employer Name			Occupatio	on	-	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			Land			
			MO,	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	
City						\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Employer Name						\$
			Occupation	'n		
Employer Mailing Address/Principal Place of Business						
Enter Crand Total of Box D on Cabal						PAGE TOTAL
Enter Grand Total of Part D on Sched	ule I, '	Detailed Summary	/ Page, '	Section	n 3.	PAGE TOTAL

DSE8-502 (7-99)

PAGE 8 OF 13

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

DSEB-502 (7-99)

Name of Filing Committee or Candidate			Repo	orting	Period	
Friends of Jeff Glaz	ier		Fr	om <u>ပ</u>	1/01/2	017 TO 05/01/2017
Full Name						
Mailing Address						
City						THE STATE OF THE S
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	100	(1)				3
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		C=-/.				\$
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		-				\$
Full Name	18		=			
Mailing Address						
City	State	la contraction of the contractio	MO.	DAY	YEAR	Amount
Receipt Description		-				\$
Receipt Description						
Full Name						
Mailing Address						
Malling Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description						\$
Receipt Description						
Full Name					=10.0==	
Mailing Address						
City	State	Zip Code (Plus 4)	MO. I	DAY	YEAR	Amount
		_	no.	20.	CLEMN	\$
Receipt Description						
						DAGE TOTAL
Enter Grand Total of Part E on Cabadi	J. 1	T		_		PAGE TOTAL
Enter Grand Total of Part E on Schedu	ule I,	Detailed Summary Pa	age, Se	ction	4.	\$ 0,00

SCHEDULE II

PAGE 9 OF 13

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	Deporting Des	10-10-11	
Friends of Jeff Glazier	Reporting Per		2017 To 05/01/2017
O to Die	110111 - 17	110	10.2770.70=17
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS	PER CONTRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$	0,00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF SECULTS SE			
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	1 PA	RT F)
TOTAL for the Reporting Period	d (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period		\$	0,00
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.)		\$	0.00

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting	Period	
Friends of Jeff Glaz	100					2017 to 05/01/2017
				DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	1.5	T				\$
	State	Zíp Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			Mo.	DAY	YEAR	
Mailing Address					FIEARS	\$
Manning Address			· -MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution		1321				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	Ψ
City	,			- DAT-	JEAN -	\$
diy	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	Ψ
Description of Contribution:		=	, inc.	DAT	- I CAB	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
Div			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						7
Full Name of Contributor						
To Halle of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
City	State	Zip Code (Plus 4)	100			\$
	5.5.6	Zip Code (Flus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Enter Count Tool 1	-					DACE TOTAL
Enter Grand Total of Part F on School Summary Page, Section 2.	dule II,	In-Kind Contribut	ions De	tailed		PAGE TOTAL
_ _						\$ 0,00

PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 01/01/20	017 To 05/01/2017
Entl News and Country	DATE	AMOUNT

				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						4
-			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_		5.7.	T.CAN	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						3
- Aba			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAV	VEAR	
		-	- MU.	DAY	YEAR	\$
Employer of Contributor			Occupation	on		
Employer Mailing Address/Principal Place of Business			Description	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
mailing Adoress			MO.	DAY	YEAR	\$
City	C					
=tc*	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor						Ψ
Libertous entreue = = = =			Occupation	in		
Employer Mailing Address/Principal Place of Business			Description	on of Con-	tribution	
				J. 01 0011	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name of Contributor			MO.	DAY	YEAR	
				- G/(1	1500	\$
Mailing Address			MO.	DAY	YEAR	
City						\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor						3
			Occupatio	n		
Employer Mailing Address/Principal Place of Business			Description			
			Description	IN DT CON	ribution	
Full Name of Contributor			MO.	DAY	WEAR I	
			100.	DAT	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
F(4).		_				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer of Contributor						\$
Minterests • 1 2011 - Security and Administra			Occupation	n	-	
Employer Mailing Address/Principal Place of Business			1			
			Descriptio	n of Cont	ribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

S O O D

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting	Period		
Friends of Jeff Glazier	vi					2017 To	05/01/2017
To Whom Paid			Mo.	DAY	VEAR	Amount	
LV Print Center						\$	475.94
Mailing Address	41113			otion of Exp			
1701 Union Blud #				ard si	ams		
Allentown	State	Zip Code (Plus	4)		J -		
	MA	18109-					
To Whom Paid Jeff Glazier			MO.	DAY	YEAR	Amount	7.
Mailing Address						\$	30,00
159 Ham. Hun Street	· ·		Descrip	otion of Exp	enditure	17	A F
City	State	Zip Code (Plus	Kei	mbur,	semen	t tor	filing fees
Allentown	PA		4)				
To Whom Paid	THE REAL PROPERTY.	A CONTRACTOR OF THE PARTY OF TH		100		eren er	
Cathy's Creative	Cate	vin	MO.	DAY	YEAR	Amount	00.90
Mailing Address	Corr	J	Descrip	otion of Exp	and turn	S >	00.70
152 Front St			100		400		
City	State	Zip Code (Plus	4)	ering	101	uneva	(Se r
Catasaugua	PA	18032-	20	-			
To Whom Paid			MO.	DAY	YEAR	Amount	
Jeff Glazier			1000	G/1	- I SAII	\$	353.48
Mailing Address			Descrip	tion of Expe	enditure	Ψ	0.0
City 159 Havnilton St.			Ca	no Dais	nex	loase F	eimbursement
Allentown	State	Zip Code (Plus	4)	10	4	E-VIU -	Chipote James
	PA	18101 -					
To Whom Paid	0	~ . I L	MO.	DAY	YEAR	Amount	~
President's Council	<u>, - (r</u>	Time WRITCH	4			\$	25,00
220 West Emans	1.00		Descrip	tion of Expe		4	(C)
City A	State	Zip Code (Plus 4	Cr	inc u	atch	Annue	al Dinner
Allentown	PA	18(0) -	4)				
To Whom Paid	13	10105					
Jeff Glazier			MO.	DAY	YEAR	Amount	50.00
Mairing Address			Descript	tion of Expe	- diamen	\$	50,00
159 Hangelton St.							
	State	Zip Code (Plus 4	4)		ocrai	1000	nunttee
Allertown	State	=		inner	rein	Lurse	mont
To Whom Paid			MO.		YEAR	Amount	
			- three	- UA.	TEAR	\$	1000
Mailing Address			Descript	tion of Expe	enditure	ф	
City				DWarran	Hipowana		
City	State	Zip Code (Plus 4	4)				
		==					
To Whom Paid			MO.	DAY	YEAR	Amount	
Mailing Address						\$	
Mailing Addrass			Descript	tion of Expe	nditura		
City	State	Ti- Code (Dine /					_
	State	Zip Code (Plus 4					
:-						PAGE TO	TAL
Enter Grand Total of Expenditures on Pag	је 1, F	Report Cover	Page, It	em D.		e /2	-35.32
			_			4 /0	-55.50

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	
Friends of Jeff Glazier		- 1			2017 TO 05/01/2017
Theres of services				1	
Name of Creditor					Outstanding Polesson of Bull
					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	3
	DEBT INCURRED			TEAR	
City		State	Zip Code	(Plus 4)	
Department of Date). -	0	
Description of Debt					
New of Godin					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	Mo	1 -5.14	Let in	\$
	DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus A)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
North Colons					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED				
		State	Zip Code	(Plus 4)	
Description of Debt	_				
Name of Creditor				====	(ellistancian de Roman de Roman
Name of Creditor					Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE	Mo.	l DAV-	VEAR	Outstanding Balance of Debt \$
Mailing Address	DEBT	Mo.	- DAY:	YEAR	
		MO.	Zip Code		
Mailing Address City	DEBT				
Mailing Address	DEBT				
Mailing Address City Description of Debt	DEBT				
Mailing Address City	DEBT				\$ Outstanding Balance of Debt
Mailing Address City Description of Debt	DEBT INCURRED	State	Zip Code	(Plus 4)	\$
Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT	State		(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor	DEBT	State State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT	State State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT	State State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT	State State	Zip Code	(Plus 4)	Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT	State State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
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Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	MO. State	Zip Code Zip Code Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$