

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

PAGE 1 OF

13  
(COVER PAGE)

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

<b>Filer Identification Number:</b>			<b>Report Filed By:</b>			1. <b>CANDIDATE</b>			2. <input checked="" type="checkbox"/> <b>COMMITTEE</b>			3. <input type="checkbox"/> <b>LOBBYIST</b>											
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Jeff Glazier</u>																							
Street Address: <u>159 Hamilton Street</u>																							
City: <u>Allentown</u>						State: <u>PA</u>			Zip Code: <u>18101 -</u>														
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		2. <input checked="" type="checkbox"/>		30 DAY POST PRIMARY		3.		AMENDMENT REPORT?		YES		NO						
	8TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.		TERMINATION REPORT?		YES		NO						
	ANNUAL REPORT		7.		YEAR				FILING METHOD ( ) CHECK ONE				PAPER		<input checked="" type="checkbox"/> DISKETTE								
Name of Office Sought by Candidate: <u>City Controller, City of Allentown</u>												DATE OF ELECTION			District Number		Office Code		Party Code		County Code		
												MO. DAY YEAR											
												<u>05 16 2017</u>											
																					(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:												MO. DAY YEAR			MO. DAY YEAR			<b>FOR OFFICE USE ONLY</b>					
												<u>01 01 2017</u>			<u>05 01 2017</u>								
A. Amount Brought Forward From Last Report												\$			<u>2289.41</u>								
B. Total Monetary Contributions and Receipts (From Schedule I)												\$			<u>2670.00</u>								
C. Total Funds Available (Sum of Lines A and B)												\$			<u>4959.41</u>								
D. Total Expenditures (From Schedule III)												\$			<u>1235.32</u>								
E. Ending Cash Balance (Subtract Line D from Line C)												\$			<u>3724.09</u>								
F. Value of In-Kind Contributions Received (From Schedule II)												\$			<u>0.00</u>								
G. Unpaid Debts and Obligations (From Schedule IV)												\$			<u>0.00</u>								

**AFFIDAVIT SECTION**

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

2nd day of May  
[Signature]  
Signature

2017

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL

Evelyn J. Garcia, Notary Public

City of Allentown, Lehigh County

My Commission Expires June 22, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

[Signature]  
Signature of Person Submitting Report

Andrew J. Weiss  
Printed Name

My commission expires

MO.

DAY

YR.

Area Code

434-2637  
Daytime Telephone Number

**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 violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

4th day of May  
[Signature]  
Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Dalma Colon, Notary Public

South Whitehall Twp., Lehigh County

My Commission Expires July 13, 2018

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

[Signature]  
Signature of Candidate

JEFF GLAZIER  
Printed Name

My commission expires

MO.

DAY

YR.

Area Code

607-8507  
Daytime Telephone Number

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**

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Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2017</u> To <u>05/01/2017</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <u>695.00</u>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <u>0.00</u>
All Other Contributions (Part B)		\$ <u>1975.00</u>
TOTAL for the Reporting Period	(2)	\$ <u>1975.00</u>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <u>0.00</u>
All Other Contributions (Part D)		\$ <u>0.00</u>
TOTAL for the Reporting Period	(3)	\$ <u>0.00</u>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
TOTAL for the Reporting Period	(4)	\$ <u>0.00</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>2670.00</u>
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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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2017</u> To <u>05/01/2017</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$

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

PAGE TOTAL

\$ 0.00



**PART B**  
**ALL OTHER CONTRIBUTIONS**

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**\$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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2017</u> To <u>05/01/2017</u>
---	---

				DATE			AMOUNT
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
<u>Gerald Zahorchak</u>	<u>2000 Young St.</u>	<u>Johnstown</u>	<u>PA</u>	<u>15902 - 3365</u>	<u>03</u>	<u>10</u>	<u>2017</u>
							\$ <u>75.00</u>
							\$
							\$
<u>Malcolm Gross</u>	<u>2804 W. Gordon St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104 -</u>	<u>03</u>	<u>17</u>	<u>2017</u>
							\$ <u>100.00</u>
							\$
							\$
<u>Gavin Holihan</u>	<u>3039 W. Livingston St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104 -</u>	<u>03</u>	<u>15</u>	<u>2017</u>
							\$ <u>100.00</u>
							\$
							\$
<u>Henry Lyons</u>	<u>2829 W. Chew St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104 -</u>	<u>03</u>	<u>22</u>	<u>2017</u>
							\$ <u>100.00</u>
							\$
							\$
<u>William Malkames</u>	<u>509 W. Linden St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18101 -</u>	<u>03</u>	<u>21</u>	<u>2017</u>
							\$ <u>100.00</u>
							\$
							\$
<u>Michael Miller</u>	<u>832 N. Muhlenberg St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104 -</u>	<u>03</u>	<u>09</u>	<u>2017</u>
							\$ <u>100.00</u>
							\$
							\$
<u>Leonard and Rhoda Glazier</u>	<u>940 N. 24th St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104 -</u>	<u>03</u>	<u>07</u>	<u>2017</u>
							\$ <u>100.00</u>
							\$
							\$
<u>Andrew and Pamela Weiss</u>	<u>3014 W. Greenleaf St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104 - 3859</u>	<u>03</u>	<u>18</u>	<u>2017</u>
							\$ <u>100.00</u>
							\$
							\$

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

PAGE TOTAL  
\$ 775.00

**PART B**  
**ALL OTHER CONTRIBUTIONS**

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**\$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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2017</u> To <u>05/01/2017</u>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
<u>Candida Affa</u>	<u>247 N. 12th St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18102</u>	<u>03</u>	<u>24</u>	<u>2017</u>	\$ <u>100.00</u>
								\$
								\$
<u>Robert Bennett</u>	<u>970 N. 38th St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18102</u>	<u>03</u>	<u>13</u>	<u>2017</u>	\$ <u>200.00</u>
								\$
								\$
<u>David Hoffman</u>	<u>806 N. 30th St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104</u>	<u>03</u>	<u>22</u>	<u>2017</u>	\$ <u>200.00</u>
								\$
								\$
<u>Stephen Wisocky</u>	<u>4021 Page St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104</u>	<u>03</u>	<u>15</u>	<u>2017</u>	\$ <u>200.00</u>
								\$
								\$
<u>Lee Butz</u>	<u>840 W. Hamilton St. Suite 210</u>	<u>Allentown</u>	<u>PA</u>	<u>18101</u>	<u>04</u>	<u>05</u>	<u>2017</u>	\$ <u>250.00</u>
								\$
								\$
<u>Charles Marcon</u>	<u>316 N. 27th St.</u>	<u>Allentown</u>	<u>PA</u>	<u>18104</u>	<u>03</u>	<u>22</u>	<u>2017</u>	\$ <u>250.00</u>
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$

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

PAGE TOTAL  
\$ 1200.00

# 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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2017</u> To <u>05/01/2017</u>
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Full Name of Contributing Committee				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0.00



**PART D**  
**ALL OTHER CONTRIBUTIONS**

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**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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2017</u> To <u>05/01/2017</u>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

**Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.**

**PAGE TOTAL**

**\$** 0.00

**PART E**  
**OTHER RECEIPTS**

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**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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2017</u> To <u>05/01/2017</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						
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						
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						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ 0.00



**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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2017</i> To <i>05/01/2017</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <i>0.00</i>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ <i>0.00</i>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ <i>0.00</i>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>0.00</i>
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**SCHEDULE II  
PART F**

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**IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OF \$50.01 TO \$250.00**

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

				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 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:							
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:							
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:							

**Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.**

**PAGE TOTAL**  
\$ 0.00

SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

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Name of Filing Committee or Candidate <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2017</u> To <u>05/01/2017</u>
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Full Name of Contributor				DATE			AMOUNT
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				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			

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

PAGE TOTAL

\$ 0.00



**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

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Name of Filing Committee or Candidate <u>Friends of Jeff Glazier</u>	Reporting Period From <u>01/01/2012</u> To <u>05/01/2012</u>
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To Whom Paid <u>LV Print Center</u>	MO.	DAY	YEAR	Amount \$ <u>475.94</u>
Mailing Address <u>1701 Union Blvd #114</u>	Description of Expenditure <u>yard signs</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18109 -</u>		
To Whom Paid <u>Jeff Glazier</u>	MO.	DAY	YEAR	Amount \$ <u>30.00</u>
Mailing Address <u>159 Hamilton Street</u>	Description of Expenditure <u>Reimbursement for filing fees</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18101 -</u>		
To Whom Paid <u>Cathy's Creative Catering</u>	MO.	DAY	YEAR	Amount \$ <u>300.90</u>
Mailing Address <u>752 Front St.</u>	Description of Expenditure <u>Catering for fundraiser</u>			
City <u>Catasaugua</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18032 -</u>		
To Whom Paid <u>Jeff Glazier</u>	MO.	DAY	YEAR	Amount \$ <u>353.48</u>
Mailing Address <u>159 Hamilton St.</u>	Description of Expenditure <u>Campaign expense reimbursement</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18101 -</u>		
To Whom Paid <u>President's Council - Crime Watch</u>	MO.	DAY	YEAR	Amount \$ <u>25.00</u>
Mailing Address <u>220 West Emmaus Ave</u>	Description of Expenditure <u>Crime Watch Annual Dinner</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>		
To Whom Paid <u>Jeff Glazier</u>	MO.	DAY	YEAR	Amount \$ <u>50.00</u>
Mailing Address <u>159 Hamilton St.</u>	Description of Expenditure <u>LV Democratic Committee dinner reimbursement</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>-</u>		
To Whom Paid	MO.	DAY	YEAR	Amount \$ <u><del>250.00</del></u>
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)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
\$ 1235.32

# 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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2017</i> To <i>05/01/2017</i>
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Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
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Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ 0.00