

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

12
(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.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}														
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Jeff Glazer</i>																						
Street Address: <i>159 Hamilton Street</i>																						
City: <i>Allentown</i>					State: <i>PA</i>		Zip Code: <i>18101 -</i>															
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		2.		30 DAY POST PRIMARY		3. <input checked="" type="checkbox"/>		AMENDMENT REPORT?		YES		NO		<input checked="" type="checkbox"/>			
	8TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.		TERMINATION REPORT?		YES		NO		<input checked="" type="checkbox"/>			
	ANNUAL REPORT		7.		YEAR				FILING METHOD		<input checked="" type="checkbox"/> CHECK ONE		PAPER		<input checked="" type="checkbox"/>		DISKETTE					
Name of Office Sought by Candidate: <i>City Controller, City of Allentown</i>										DATE OF ELECTION			District Number		Office Code		Party Code		County Code			
										MO. DAY YEAR <i>05 16 2017</i>					<i>OTH</i>		<i>DEM</i>		<i>39</i>			
										(SEE INSTRUCTIONS FOR CODES)												
Summary of Receipts and Expenditures from:										MO. DAY YEAR <i>05 02 2017</i>			To			MO. DAY YEAR <i>06 05 2017</i>			FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report										\$			<i>3724.09</i>									
B. Total Monetary Contributions and Receipts (From Schedule I)										\$			<i>0.00</i>									
C. Total Funds Available (Sum of Lines A and B)										\$			<i>3724.09</i>									
D. Total Expenditures (From Schedule III)										\$			<i>552.64</i>									
E. Ending Cash Balance (Subtract Line D from Line C)										\$			<i>3171.45</i>									
F. Value of In-Kind Contributions Received (From Schedule II)										\$			<i>0.00</i>									
G. Unpaid Debts and Obligations (From Schedule IV)										\$			<i>0.00</i>									

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

9th day of *June* 20 *17*

[Signature] Signature of Person Submitting Report
Andrew J. Weiss
Printed Name
434-2637
Daytime Telephone Number

My commission expires *06/22/2019*
MO. DAY YEAR
Signature
Evelyn J. Garcia, Notary Public
City of Allentown, Lehigh County
My Commission Expires June 22, 2019
Area Code
610

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.

Subject PA County of Lehigh
Sworn to and subscribed before me this

15 day of *June* 20 *17*

[Signature] Signature of Candidate
Jeff Glazer
Printed Name
610 *657-8507*
Area Code Daytime Telephone Number

My commission expires *06/22/2019*
MO. DAY YEAR
Signature
Brittany R. Morgan, Notary Public
Northampton Boro, Northampton County
My Commission Expires July 27, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate

Friends of Jeff Glazier

Reporting Period

From 05/02/2017 To 06/05/2017

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$	0.00
--------------------------------	-----	----	------

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)	\$	0.00
----------------------------------	----	------

TOTAL for the Reporting Period	(2)	\$	0.00
--------------------------------	-----	----	------

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, ETC. (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.)	\$ 0.00
--	---------

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 <i>Friends of Jeff Glazier</i>				Reporting Period From <i>05/01/2017</i> To <i>06/05/2017</i>			
---	--	--	--	---	--	--	--

				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)					\$
		-					
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 \$ <i>0.00</i>
--	--	--	--	--	--	--	------------------------------

PART B
ALL OTHER CONTRIBUTIONS

PAGE 4 OF 12

\$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>05/02/2017</u> to <u>06/05/2017</u>
---	---

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

PAGE TOTAL
\$ 0.00

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

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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>05/02/2017</u> To <u>06/05/2017</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)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

PAGE TOTAL

\$ 0.00

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

PART D
ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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>05/02/2017</u> To <u>06/05/2017</u>
---	---

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

PAGE 7 OF 12

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>05/02/2017</i> To <i>06/05/2017</i>
---	---

Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							

PAGE TOTAL

\$ *0.00*

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

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>05/02/2017</i> To <i>06/05/2017</i>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTORTOTAL for the Reporting Period (1) \$ *0.00***2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)**TOTAL for the Reporting Period (2) \$ *0.00***3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)**TOTAL for the Reporting Period (3) \$ *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**

PAGE 9 OF 12

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>05/02/2017</i> To <i>06/05/2017</i>
---	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
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

PAGE 10 OF 12

Name of Filing Committee or Candidate <u>Friends of Jeff Glazier</u>	Reporting Period From <u>05/02/2017</u> To <u>06/05/2017</u>
---	---

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

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 05/07/2017 To 06/05/2017
---	---

To Whom Paid LV Print Center	MO. 05	DAY 05	YEAR 2017	Amount \$ 427.64
Mailing Address 1701 Union Blvd, Suite 114		Description of Expenditure Palm cards and mailing		
City Allentown	State	Zip Code (Plus 4) 18109-		
To Whom Paid Advantage PEP	MO. 05	DAY 18	YEAR 2017	Amount \$ 125.00
Mailing Address 2285 Schwenersville Road, Suite 207		Description of Expenditure Get Out the Vote		
City Bethlehem	State PA	Zip Code (Plus 4) 18017-		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

PAGE TOTAL

\$ 552.64

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

PAGE 12 OF 12

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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>05/22/2017</u> To <u>06/05/2017</u>
---	---

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	
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						

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

PAGE TOTAL

\$ 0.00