CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION			CA	NDIDATE X	COMMITTEE	LOBBYIST	3,
NAME OF FILING COMMITTE	EE, CANDIDATE OR LOBB	YIST GLAZIA					
STREET ADDRESS	2915	PARKINAY	R/va)				
CITY Alle	tour	, man comp	STATE PA	ZIP CO	··· / 8/04	f	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFIC		DISTRICT NO. P	ARTY	MO. I	DAY YE	AR
6TH TUESDAY PRE-PRIMARY	/NIG-	MO. DAY YEAR	MO. DAY YEAR		10	E USE ONLY	t
2ND FRIDAY PRE-PRIMARY			5 1 17				
30 DAY POST-PRIMARY	CASH	BALANCE AT END	. A	~			
6TH TUESDAY PRE-ELECTION	тота	EPORTING PERIOD:	\$				
2ND FRIDAY PRE-ELECTION	AT TI	STANDING DEBTS OR LIABILITI HE END OF REPORTING PERIO					
30 DAY 6		AMENDMENT YES	NO X				
POST-ELECTION		REPORT?					
		TERMINATION REPORT? YES	NO X				
ANNUAL		TERMINATION REPORT? YES	NO X				T
ANNUAL REPORT PART I - If statement is file If statement is file If statement is file	ed on behalf of ed on behalf of ed on behalf of	a Political Committee or Ca a Candidate, the Candidate a Contributing Lobbyist, the	AVIT SECTION andidates's Committ e must sign here. b Lobbyist must sign	here.			
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DSEB-503 (12-99)

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

Commonwealth of PA