

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	1. <input checked="" type="checkbox"/> COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JEFF GLAZIER							
STREET ADDRESS 2915 Parkway Blvd							
CITY Allentown				STATE PA	ZIP CODE 18104		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.		Allentown City Council			D	MO.	DAY
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>						05	19
30 DAY POST-PRIMARY 3.						YEAR 2015	
6TH TUESDAY PRE-ELECTION 4.						FOR OFFICE USE ONLY	
2ND FRIDAY PRE-ELECTION 5.							
30 DAY POST-ELECTION 6.							
ANNUAL REPORT 7.							
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	
				01	01	2015	TO
				05	04	2015	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0			
		AMENDMENT REPORT?	YES	NO			
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
		TERMINATION REPORT?	YES	NO			
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
6TH DAY OF **MAY** **2015**
PA COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 SIGNATURE: **PATRICIA SMITH-MENDSEN, Notary Public**
 City of Bethlehem, Lehigh County
 MO. My Commission Expires **July 15, 2018**

SIGNATURE OF PERSON SUBMITTING REPORT
JEFF GLAZIER
 PRINTED NAME
JEFF GLAZIER

MY COMMISSION EXPIRES: _____
 AREA CODE **610** DAYTIME TELEPHONE NUMBER **657-8507**

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
 _____ DAY OF _____ 20____

SIGNATURE OF CANDIDATE

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES: _____
 MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE		2. <input checked="" type="checkbox"/> COMMITTEE		3. LOBBYIST												
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Jeff Glazier</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. <input checked="" type="checkbox"/>		30 DAY POST PRIMARY		3.		AMENDMENT REPORT?		YES		NO		<input checked="" type="checkbox"/>	
	6TH 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 () CHECK ONE		<input type="checkbox"/>		PAPER		<input checked="" type="checkbox"/>		DISKETTE			

Name of Office Sought by Candidate: <i>Allentown City Council</i>				DATE OF ELECTION				District Number		Office Code		Party Code		County Code					
MO.		DAY		YEAR		MO.		DAY		YEAR		15		0744		Dem		39	
						<i>05</i>		<i>19</i>		<i>2015</i>									
(SEE INSTRUCTIONS FOR CODES)																			

Summary of Receipts and Expenditures from:	MO.			DAY			YEAR			To	MO.			DAY			YEAR			FOR OFFICE USE ONLY
	MO.	DAY	YEAR	MO.	DAY	YEAR	MO.	DAY	YEAR		MO.	DAY	YEAR	MO.	DAY	YEAR	MO.	DAY	YEAR	
A. Amount Brought Forward From Last Report																				
B. Total Monetary Contributions and Receipts (From Schedule I)																				
C. Total Funds Available (Sum of Lines A and B)																				
D. Total Expenditures (From Schedule III)																				
E. Ending Cash Balance (Subtract Line D from Line C)																				
F. Value of In-Kind Contributions Received (From Schedule II)																				
G. Unpaid Debts and Obligations (From Schedule IV)																				

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 6TH day of MAY, 2015

[Signature]
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 PATRICIA SMITH-MENDSEN, Notary Public
 City of Bethlehem, Lehigh County
 My commission expires MO. DAY YR. My Commission Expires July 15, 2018

Andrew J. Weiss
 Signature of Person Submitting Report
Andrew J. Weiss
 Printed Name
610 434-2637
 Area Code 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 6TH day of MAY, 2015

[Signature]
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 PATRICIA SMITH-MENDSEN, Notary Public
 City of Bethlehem, Lehigh County
 My commission expires MO. DAY YR. My Commission Expires July 15, 2018

Jeff Glazier
 Signature of Candidate
Jeff Glazier
 Printed Name
610 657-8807
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Jeff Blazier	Reporting Period From 07/01/2015 To 05/04/2015
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ 430.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 1,200.00
All Other Contributions (Part B)		\$ 4,575.00
	TOTAL for the Reporting Period	(2) \$ 5,775.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 1,000.00
All Other Contributions (Part D)		\$ 500.00
	TOTAL for the Reporting Period	(3) \$ 1,500.00

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.)	\$ 7,705.00
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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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2015</i> To <i>05/04/2015</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Friends of Peter Schweyer</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 100.00</i>
Mailing Address <i>Box 4364</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
City <i>Allentown</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
State <i>PA</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Zip Code (Plus 4) <i>18105 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
<i>Friends of Julio Guridy</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 100.00</i>
Mailing Address <i>1029 N. 14th St.</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
City <i>Allentown</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
State <i>PA</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Zip Code (Plus 4) <i>18102 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
<i>District Council 21</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 200.00</i>
Mailing Address <i>2980 Southampton Road</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
City <i>Philadelphia</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
State <i>PA</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Zip Code (Plus 4) <i>19154 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
<i>Friends of Mike Schlossberg</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 200.00</i>
Mailing Address <i>944 N. 19th St.</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
City <i>Allentown</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
State <i>PA</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Zip Code (Plus 4) <i>18104 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
<i>International Union of Operating Engineers</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 200.00</i>
Mailing Address <i>1375 Virginia Drive, Suite 100</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
City <i>Fort Washington</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
State <i>PA</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Zip Code (Plus 4) <i>19034 - 3257</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
<i>Insulators Local 23</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 200.00</i>
Mailing Address <i>3263 Schoolhouse Road</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
City <i>Middletown</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
State <i>PA</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Zip Code (Plus 4) <i>17057 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
<i>Lehigh Valley Carpenters Union</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 200.00</i>
Mailing Address <i>528 Linden St.</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
City <i>Bethlehem</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
State <i>PA</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Zip Code (Plus 4) <i>18018 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Full Name of Contributing Committee	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Mailing Address	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
City	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
State	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>
Zip Code (Plus 4) <i>-</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	<i>\$</i>

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

PAGE TOTAL <i>\$ 1200.00</i>

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 Friends of Jeff Glazier	Reporting Period From <u>01/01/2015</u> To <u>05/04/2015</u>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
Antonio and Karen Angello	2861 Hamilton Boulevard	Allentown	PA	18104	03	11	2015	\$ 75.00
William Malkames	509 W. Linden St.	Allentown	PA	18104 -	03	11	2015	\$ 75.00
Joseph and Bonnie McMahon	834 N. 26th St.	Allentown	PA	18104 -	03	11	2015	\$ 75.00
Steven and Rili Miller	855 N. 38th St.	Allentown	PA	18104 -	03	11	2015	\$ 75.00
Anthony Muir	2603 Liberty St.	Allentown	PA	18104 -	03	11	2015	\$ 75.00
David and Pat Hoffman	806 N. 30th St.	Allentown	PA	18104 -	03	11	2015	\$ 100.00
David and Gina Kormanik	625 N. 24th St.	Allentown	PA	18104 -	03	11	2015	\$ 100.00
Todd Larmer	2720 W. Livingston St.	Allentown	PA	18104 -	03	11	2015	\$ 100.00

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

PAGE TOTAL
\$ 675.00

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 Friends of Jeff Glazier	Reporting Period From 04/01/2015 To 05/11/2015
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Henry and Suzanne Lyons	03	11	2015	\$ 100.00
Mailing Address 2829 W. Chew St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
Michael and Linda Miller	03	11	2015	\$ 100.00
Mailing Address 832 N. Muhlenberg St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
Gerald Zahorchak	03	11	2015	\$ 100.00
Mailing Address 2000 Young St.	MO.	DAY	YEAR	\$
City Johnstown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 15902-3365	MO.	DAY	YEAR	\$
John Freund	03	11	2015	\$ 150.00
Mailing Address 1 W. Broad St.	MO.	DAY	YEAR	\$
City Bethlehem	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18018-	MO.	DAY	YEAR	\$
Donald and Arlene Bernhard	03	11	2015	\$ 200.00
Mailing Address 621 N. Glenwood St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
Sean Boyle	03	11	2015	\$ 200.00
Mailing Address 1209 Hausman Road Suite B	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
Lee Butz	03	11	2015	\$ 200.00
Mailing Address 840 W. Hamilton St. Suite 210	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18101-	MO.	DAY	YEAR	\$
Greg Butz	03	11	2015	\$ 200.00
Mailing Address 840 W. Hamilton St. Suite 600	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18101-	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 1250.00

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 01/11/2015 To 05/14/2015				
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
Peter Dectis	450 Harrison St.	Allentown	PA	18103 -	03	11	2015	\$ 200.00
					MO.	DAY	YEAR	\$
					MO.	DAY	YEAR	\$
Ollie Foucek, III Esq.	1611 Pond Road, Suite 300	Allentown	PA	18204 - 2258	03	11	2015	\$ 200.00
					MO.	DAY	YEAR	\$
					MO.	DAY	YEAR	\$
Garm and Nancy Holihan	3039 W. Livingston St.	Allentown	PA	18104 -	03	11	2015	\$ 200.00
					MO.	DAY	YEAR	\$
					MO.	DAY	YEAR	\$
Jennifer Mann	2331 Fox Meadow Drive	Allentown	PA	18104 -	03	11	2015	\$ 200.00
					MO.	DAY	YEAR	\$
					MO.	DAY	YEAR	\$
Charles and Ruth Marcon	316 N. 27th St.	Allentown	PA	18104 -	03	11	2015	\$ 200.00
					MO.	DAY	YEAR	\$
					MO.	DAY	YEAR	\$
David and Kathy Patterson	2820 W. Gordon St.	Allentown	PA	18104 -	03	11	2015	\$ 200.00
					MO.	DAY	YEAR	\$
					MO.	DAY	YEAR	\$
Kevin Reid	1 W. Broad St.	Bethlehem	PA	18018 -	03	11	2015	\$ 200.00
					MO.	DAY	YEAR	\$
					MO.	DAY	YEAR	\$
David Rothrock	5734 Tupelo Drive	Macungie	PA	18062 -	03	11	2015	\$ 200.00
					MO.	DAY	YEAR	\$
					MO.	DAY	YEAR	\$
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.								PAGE TOTAL \$ 1600.00

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 Friends of Jeff Glazier	Reporting Period From 01/01/2015 To 05/04/2015
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Alan and Mary Salinger	03	11	2015	\$ 200.00
Mailing Address 1018 N. Broad St.	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
John and Suzanne Sharpe	03	11	2015	\$ 200.00
Mailing Address 429 N. Broad St.	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
Ron and Megan Skinner	03	11	2015	\$ 200.00
Mailing Address 2929 W. Livingston St.	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
Stephen and Kim Wisocky	03	11	2015	\$ 200.00
Mailing Address 4021 Page St.	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
Leonard Glazier	03	11	2015	\$ 250.00
Mailing Address 940 N. 24th St.	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18104-	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 1050.00

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2015</i> To <i>05/14/2015</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Laborers' Local Union 1174</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 500.00</i>
Mailing Address <i>465 Allentown Drive</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18109-9121</i>	MO.	DAY	YEAR	\$
<i>IBEW Local Union 375</i>	<i>03</i>	<i>11</i>	<i>2015</i>	<i>\$ 500.00</i>
Mailing Address <i>1201 W. Liberty St.</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18102-</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 1000.00

**PART D
ALL OTHER CONTRIBUTIONS**

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2015</i> To <i>05/31/2015</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Robert Bennett</i>	<i>03</i>	<i>11</i>	<i>2015</i>	\$ <i>500.00</i>
Mailing Address <i>970 N. 38th St.</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>18104-</i>	MO.	DAY	YEAR	\$
Employer Name <i>self-employed</i>	Occupation <i>Merchant</i>			
Employer Mailing Address/Principal Place of Business <i>970 N. 38th St., Allentown, PA 18104</i>				

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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 \$ <i>500.00</i>

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2015</i> To <i>05/04/2015</i>
---	---

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						

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
\$ 000

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>01/01/2015</i> To <i>05/04/2015</i>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>- 0 -</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <i>- 0 -</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>- 0 -</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>- 0 -</i>
--	-----------------

SCHEDULE II
PART F
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>01/01/2015</i> To <i>05/04/2015</i>
---	---

				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:							

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

PAGE TOTAL
\$ <u> 0 -</u>

**PART G
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From <u>01/01/2015</u> To <u>05/04/2015</u>
---	---

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

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 01/01/2015 To 05/14/2015
---	---

To Whom Paid	MO.	DAY	YEAR	Amount
Cathy's Creative Catering	03	11	2015	\$ 376.30
Mailing Address 752 Front St.	Description of Expenditure Catering for fundraiser			
City Catasauqua	State PA	Zip Code (Plus 4) 18032-		
Jeff Glazier	03	14	2015	\$ 579.70
Mailing Address 2915 Parkway Boulevard	Description of Expenditure Expense reimbursement			
City Allentown	State PA	Zip Code (Plus 4) 18104-		
Citizens for a Better Allentown	03	26	2015	\$ 2500.00
Mailing Address 840 W. Hamilton St., Suite 320	Description of Expenditure Contribution			
City Allentown	State PA	Zip Code (Plus 4) 18101-		
President's Council, Allentown Crime Watch	04	15	2015	\$ 20.00
Mailing Address 435 Hamilton Street	Description of Expenditure Crime Watch Dinner			
City Allentown	State PA	Zip Code (Plus 4) 18101-		
Citizens for a Better Allentown	04	20	2015	\$ 2000.00
Mailing Address 840 W. Hamilton St., Suite 320	Description of Expenditure Contribution			
City Allentown	State PA	Zip Code (Plus 4) 18101-		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 5,476.00

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>01/01/2015</i> To <i>05/04/2015</i>
---	---

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
					\$ <i>-0-</i>