

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Jeff Glazier</b>																							
STREET ADDRESS <b>2915 Parkway Blvd</b>																							
CITY <b>Allentown</b>			STATE <b>PA</b>	ZIP CODE <b>18104 -</b>																			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY																		
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<b>Allentown City Council</b>			<b>D</b>																		
		DATES OF REPORTING PERIOD		DATE OF ELECTION																			
		<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>01</td><td>01</td><td>2015</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>05</td><td>01</td><td>2015</td></tr> </table>		MO.	DAY	YEAR	01	01	2015	MO.	DAY	YEAR	05	01	2015	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>05</td><td>19</td><td>2015</td></tr> </table>		MO.	DAY	YEAR	05	19	2015
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05	19	2015																					
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>00</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>00</u>		FOR OFFICE USE ONLY																			
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <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 **COMMONWEALTH OF PENNSYLVANIA**

SIGNATURE OF PERSON SUBMITTING REPORT: Jeff Glazier  
 PRINTED NAME: Jeff Glazier  
 AREA CODE: 610 DAYTIME TELEPHONE NUMBER: 657-8507

NOTARIAL SEAL  
 SIGNATURE: [Signature]  
 PRINTED NAME: PATRICIA SMITH-MENDSEN, Notary Public  
 City of Bethlehem, Lehigh County  
 MY COMMISSION EXPIRES July 15, 2018

**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: \_\_\_\_\_  
 PRINTED NAME: \_\_\_\_\_  
 AREA CODE: \_\_\_\_\_ DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.