

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

14
 (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: <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>					
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.}		30 DAY POST PRIMARY ^{3.}		AMENDMENT REPORT? <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	8TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>		YEAR <u>2017</u>		FILING METHOD <input type="checkbox"/> CHECK ONE <input checked="" type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>			
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>11</u> <u>07</u> <u>2017</u>							
										(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from: <input checked="" type="checkbox"/>					MO. DAY YEAR <u>01</u> <u>01</u> <u>2017</u>			To MO. DAY YEAR <u>12</u> <u>31</u> <u>2017</u>			FOR OFFICE USE ONLY	
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>2037.96</u>							
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <u>2921.45</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

29th day of January 2018
[Signature]

Commonwealth of Pennsylvania - Notary Seal
 Evelyn J. Garcia, Notary Public
 Lehigh County
 My commission expires June 22, 2019
 Commission number 1234640 610
 Member, Pennsylvania Association of Notaries

Signature of Person Submitting Report

Andrew J. Weiss
 Printed Name

Printed Name

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

31 day of Jan 2018
[Signature]

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Dana Kidd, Notary Public
 South Whitehall Twp., Lehigh County
 My Commission Expires Dec. 8, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Candidate

Jeff Glazier
 Printed Name

Printed Name

610 657-8877
 Area Code Daytime Telephone Number

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2017</i> To <i>12/31/2017</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ <i>695.00</i>
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$	<i>0.00</i>
All Other Contributions (Part B)	\$	<i>1975.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>1975.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$	<i>0.00</i>
All Other Contributions (Part D)	\$	<i>0.00</i>
TOTAL for the Reporting Period	(3)	\$ <i>0.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ <i>0.00</i>
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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.)	\$ <i>2670.00</i>
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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 <div style="font-size: 1.2em; font-family: cursive;">Friends of Jeff Glazier</div>	Reporting Period From <u>1/1/2017</u> To <u>12/31/2017</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					\$

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

PAGE TOTAL

\$ 0.00

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 <u>1/1/2017</u> To <u>12/31/2017</u>			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
Gerald Zahorchak				03	10	2017	\$ 75.00
Mailing Address				MO.	DAY	YEAR	
2000 Young St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Johnstown	PA	15902 - 3365					\$
Full Name of Contributor				MO.	DAY	YEAR	
Malcolm Gross				03	17	2017	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
2804 W. Gordon St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Allentown	PA	18104 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Gavin Holihan				03	15	2017	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
3039 W. Livingston St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Allentown	PA	18104 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Henry Lyons				03	22	2017	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
2829 W. Chew St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Allentown	PA	18104 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
William Malkames				03	21	2017	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
509 W. Linden St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Allentown	PA	18101 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Michael Miller				03	09	2017	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
832 N. Muhlenberg St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Allentown	PA	18104 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Leonard and Rhoda Glazier				03	07	2017	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
940 N. 24th St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Allentown	PA	18104 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Andrew and Pamela Weiss				03	18	2017	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
3014 W. Greenleaf St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Allentown	PA	18104 - 3859					\$

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

PAGE TOTAL

\$ 775.00

PART B
ALL OTHER CONTRIBUTIONS

PAGE 5 OF 14

\$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>1/1/2017</u> To <u>12/31/2017</u>			
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				DATE			AMOUNT
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
Candida Afifa	247 N. 12th St.	Allentown	PA	18102 -	03	24	2017
							\$ 100.00
							\$
							\$
Robert Bennett	970 N. 38th St.	Allentown	PA	18102 -	03	17	2017
							\$ 200.00
							\$
							\$
David Hoffman	806 N. 30th St.	Allentown	PA	18104 -	03	27	2017
							\$ 200.00
							\$
							\$
Stephen Wisocky	4021 Page St.	Allentown	PA	18104 -	03	15	2017
							\$ 200.00
							\$
							\$
Lee Butz	840 W. Hamilton St. Suite 210	Allentown	PA	18101 -	04	05	2017
							\$ 250.00
							\$
							\$
Charles Marcon	316 N. 27th St.	Allentown	PA	18101 -	03	22	2017
							\$ 250.00
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ 1200.00
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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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2017</i> To <i>12/31/2017</i>
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
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

PAGE 7 OF 14

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>1/1/2017</i> To <i>12/31/2017</i>
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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 8 OF 14

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>1/1/2017</u> To <u>12/31/2017</u>
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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 RECEIVEDUSE 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>1/1/2017</i> To <i>12/31/2017</i>
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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
IN-KIND CONTRIBUTIONS RECEIVED

PAGE 10 OF 14

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Friends of Jeff Glazier</u>	Reporting Period From <u>1/1/2017</u> To <u>12/31/2017</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	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**

PAGE 11 OF 14

IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2017</i> To <i>12/31/2017</i>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
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

\$ *0.00*

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of Jeff Glazier				From 11/2017 To 12/31/2017			

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
LV Print Center	03	06	2017	\$ 475.94	yard signs
Mailing Address	1701 Union Blvd #114				
City	Allentown	State	PA	Zip Code (Plus 4)	18109-
To Whom Paid	03	06	2017	\$ 30.00	Reimbursement for filing fees
Mailing Address	Jeff Glazier				
City	159 Hamilton Street	State	PA	Zip Code (Plus 4)	18101-
To Whom Paid	03	24	2017	\$ 300.90	Catering for fundraiser
Mailing Address	Cathys Creative Catering				
City	752 Front St.	State	PA	Zip Code (Plus 4)	18032
To Whom Paid	03	31	2017	\$ 353.98	Campaign expense reimbursement
Mailing Address	Jeff Glazier				
City	159 Hamilton St	State	PA	Zip Code (Plus 4)	18101-
To Whom Paid	04	13	2017	\$ 25.00	Crime Watch Annual Dinner
Mailing Address	President's Council - Crime Watch				
City	220 West Emaus Ave	State	PA	Zip Code (Plus 4)	18102-
To Whom Paid	04	30	2017	\$ 50.00	LV Democratic Committee
Mailing Address	Jeff Glazier				
City	159 Hamilton Street	State	PA	Zip Code (Plus 4)	18101-
To Whom Paid	05	05	2017	\$ 427.64	Palm Cards and mailing
Mailing Address	LV Print Center				
City	1701 Union Blvd, Suite 114	State	PA	Zip Code (Plus 4)	18109-
To Whom Paid	05	18	2017	\$ 125.00	Get Out the Vote
Mailing Address	Advantage PEP				
City	2285 Schuylersville Road, Suite 207	State	PA	Zip Code (Plus 4)	18107-
	Bethlehem				

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

PAGE TOTAL

\$ 1787.96

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 1/1/2017 To 12/31/2017
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To Whom Paid Friends of Courtney Robinson			MO.	DAY	YEAR	Amount \$ 50.00
Mailing Address Box 9232			Description of Expenditure Contribution - Fundraiser			
City Allentown	State PA	Zip Code (Plus 4) 18105-9232				
To Whom Paid East Penn Democratic Club			MO.	DAY	YEAR	Amount \$ 100.00
Mailing Address Box 6			Description of Expenditure Contribution - Fundraiser			
City Emmaus	State PA	Zip Code (Plus 4) 18049				
To Whom Paid William Allen High School Alumni Assoc			MO.	DAY	YEAR	Amount \$ 100.00
Mailing Address 106 N 17th St			Description of Expenditure Fundraiser contribution			
City Allentown	State PA	Zip Code (Plus 4) 18102-				
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) —				

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

PAGE TOTAL

\$ 250.00

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 <u>Friends of Jeff Glazier</u>	Reporting Period From <u>1/1/2017</u> To <u>12/31/2017</u>
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Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED					MO.	DAY
City					State	Zip Code (Plus 4)
Description of Debt						

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

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

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

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

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED					MO.	DAY
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