Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Number:	on			Report Filed By:		CANDIDATE	1.	СОММ	ITTEE	2.	LOBE	YIST 3			
Name of Filing Com	mittee, Candidate or Lo	ds of	Je	eff G1	C17-1	سدين									
Street Address: 159 Ham. Iton Street															
City: Allentown State: fx										zip Code: 18/01-					
TYPE OF REPORT	BTH TUESDAY	1.	2ND FRIDA PRE-PRIMA	57.0	500000	D DAY 3.		AMENDA REPORT?	MENT	YES		NO			
(place X to	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDA PRE-ELECTI		100	DAY ST ELECTION	6.	TERMINA REPORT?		YES		NO			
the right of report type)	ANNUAL REPORT	7. V	YEAR 2017			IG METHOD CHECK ONE		PAPE	R	V	DISK	TTE			
Name of Office Sound	ght by Candidate: coller, City	0+		oidn	MO	pr	TION EAR	District Number	Offic		Party Code	Cour			
					17.			= 0.11 F	OR OF	_		FOR CO			
Summary of F and Expenditu		МО. 01	DAY YE	17 To	13		217		011 01	1100	302 0				
A. Amount Brough	nt Forward From Las	st Repor	rt	\$,	22	89.41									
B. Total Monetary Contributions and Receipts (From Schedule I) \$ 2670.00															
C. Total Funds Available (Sum of Lines A and B) \$ 1/959, 4/															
D. Total Expenditu	20	37,96													
E. Ending Cash Balance (Subtract Line D from Line C)						\$ 2971.45									
F. Value of In-Ki	nd Contributions Re	ceived (From Sched	ule II) \$	\$ 0.00										
G. Unpaid Debts a	and Obligations (Fron	n Sched	ule IV)	\$		0.00									
PART I = If this	is a Committee rep	ort, trea		AFFIDAVIT Sinere. If this			ort, ca	ndidate s	sign he	re.	Maria A Alba				
	hat this report, includi e.	ng the at	tached schedu	les, on paper	or com	puter diskette,	ere to t	he best of	f my kno	owledge	and b	elief tru			
Sworn to and subscribed before me this Commonwealth of Pennsylvania - Notary Seal Evelyn J. Garcia, Notary Public Lehigh County My commission expires My commission number 1234540 Member, Pennsylvania Association of Notaries Commonwealth of Pennsylvania - Notary Seal Evelyn J. Garcia, Notary Public Printed Name 434-2637 Daytime Telephone Number															
2th day	O Signature	OLMY O	velyn J. Garc Lenigr ommission ex Commission n	nnsylvania - No ia, Notary Pub i County pires June 22 umber 12345	, 2019 40 C	Andre	w.	J. Lu Printed Na	ne 15 43L	s 1-2					
My commission ex	O Signature	Membe	velyn J. Garc Lenigr ommission ex Commission n r. Pernsylvanis 's Authorize	nnsylvania - No ia, Notary Pub County pires June 22 umber 12345 a Association of	, 2019 40 C Notari	Andre	ign her	Printed Na	le is me 430 aytime	S 1 − J Telepho	one Nun	ber			

PAGE 2 OF 14

\$ 2670.00

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page		
Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Peri	od 12017 To 12/31/2017
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ 695.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART E	3) (13)	
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 1975.00
TOTAL for the Reporting Period	(2)	\$ 1975.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	ETTENT	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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 CH	FCKS FTC	FROM PART E)
TOTAL for the Reporting Period		\$ 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.)

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	R	eporting	Period			
Friends of Je	(C)	Glazier		From 1/	1/201	7 To 12/31/2017
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
		1.57				\$
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	_		1 110	DAY	WEAR	*
Turi Harris or Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	¢
	T 5:					\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			T 140	DAY	VEAR	
run Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Ćity	State	Zip Code (Plus 4)	-			Ψ
,	0.0.0	-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	V====		MO.	DAY	YEAR	
22.000		*				\$
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	4
•			MIO.	DAT	TEAR	\$
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 (Pius 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	J.,		MO.	DAY	YEAR	**************************************
ran was sure sure sure sure sure sure sure sur				WA1	, LINI	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	110	D414	VEST	-
	0.5.6	= 1p 0000 (Fius 4)	MO.	DAY	YEAR	\$
	//			la		PAGE TOTAL
Enter Grand Total of Part A on Sche	dule I,	, Detailed Summar	y Page,	Section	n 2.	\$ 0.00
						4 0.0

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.)

(Exclude contributio	ns from political commit	tees re	ported	in Part	A.)
Name of Filing Committee or Candidate	R	eporting	Period	91 24V	
Friends of Jeff Gla		From _V	1.120	017 To 12/31/2017	
			DATE		AMOUNT
Full Name of Contributor Gerald Zah	orchak	мо. 03	DAY:	JOI7	\$ 75.00
Mailing Address 2000 Young	St.	MO.	DAY	YEAR	\$
Johnstown	State Zip Code (Plus 4) [A 15902 - 3365	MO.	DAY	YEAR	\$
Euli Name of Contributor		MO.	DAY	YEAR	
Malcolm Go	ひろく	03	17	2017	\$ 100,00
Mailing Address 2804 W. Gord	on St.	MO.	DAY	YEAR	\$
	State Zip Code (Plus 4) PA 18104 -	MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR =	
Gavin Holil	nan	03	15	2017	\$ 100,00
3039 W. Livings City Allentown	ton St.	MO.	DAY	YEAR	\$
City All of	State Zip Code (Plus 4)	MO.	DAY	YEAR	
	174 18109 -				\$
Full Name of Contributor Henry Lyo	SA 5"	MO.	DAY	YEAR	\$ 100,00
letarring Address		03 MO.	DAY	JOIT YEAR	7.007650
2829 W. Cl	rew St.				\$
Allentown	State Zip Code (Plus 4) PA /8104 -	MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	
Full Name of Contributor William Ma	lkames	03	21	2017	\$ 100,00
Mailing Address 509 W. Linden	St	MO.	DAY	YEAR	\$
City	State Tie Code (Dive 4)	MO.	DAY	YEAR	
Allentown	PA 18101 -				.\$
Full Name of Contributor Michael Mil		MO.	DAY	YEAR	£ 100 00
Mailing Address	ler	03	09	2017	\$ 100,00
832 N. Muhlo	enberg ST	-MO.	DAY	YEAR	\$
Allentown	18104 -	MO.	DAY	YEAR	¢
		MO.		145.45	\$
Leonardand	Rhoda Glazier	03	DAY U7	2017	\$ 100,00
940 N. 24th	St.	MO.	-DAY	YEAR	\$
Allentown	State	MO.	DAY	YEAR	\$
Full Name of Contributor Andrew and		ио. 1)3	DAY 18	YEAR 2017	\$ /00,00
3014 W. Greenlea	f St	MO.	DAY	YEAR	\$
	State Zip Code (Plus 4) PA 18104 - 3859	MO.	DAY	YEAR	\$

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

PAGE TOTAL \$ 775,00

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 1/1/2	017 To 12/31/2017
	DATE	AMOUNT
Full Name of Contributor Candida Affa	03 24 2017	\$ 100,00
Mailing Address 247 N. 12th St.	MO. DAY YEAR	\$
Allentown P4 18102 -	MO. DAY YEAR	\$
Full Name of Contributor Robert Bennett	MO. DAY YEAR	· - ·
Malling Address 270 Al 20th	03 17 3017 MO. DAY YEAR	
Mailing Address 970 N. 38th St. City Allentown PA 18103 - Full Name of Contributor To the Contributor To t	MO. DAY YEAR	\$
Allentown PA 18102 -		\$
David Hottonger	03 37 2017	\$ 200.00
Mailing Address 806 N. 30th St.	MO. DAY YEAR	\$
Allentown PA 18104 -	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR 03 15 3017	\$ 200,00
4071 Page St	MO. DAY YEAR	\$
Allentown PA 18104 -	MO. DAY YEAR	\$
Full Name of Contributor Lee Butz	MO. DAY YEAR	\$ 250.00
	04 05 3017 MO. DAY YEAR	\$
Mailing Address 840 W. Hamilton St. Suite 210 City Allentown RA 18101-	MO. DAY YEAR	
Full Name of Contributor	MO. DAY YEAR	\$
Charles Marcon	03 22 2017	\$ 750.00
316 N. 27th St. City 1 State Zip Code (Plus 4)		\$
Allentown PA 18101 -	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 P on Cabadala I Parties of		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$ 1200,00

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					Reporting Period			
Friends of Jeff Gla	From _	1/1/2	017 To 12/31/2017					
•				DATE		AMOUNT		
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$		
Mailing Address			· MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee				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 Sched	ule I,	Detailed Summary	/ Page,	Section	n 3.	PAGE TOTAL \$ 0,00		

DSEB-502 (7-99)

ALL OTHER CONTRIBUTIONS

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\$ 0,00

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	Reporting Period					
Friends of Jeff Glazier				From	11/2	1017 To 13/31/2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					1 167.11	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name		=				\$
			Occupati	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Martin Address						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<u>-</u>				\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY ::	YEAR	
W Countries II						\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Employer Name			Occupati	on		<u> </u>
Employer Mailing Address/Principal Place of Business						
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						
					71-1-	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	Ctata	71- 0-1- (01 4)				3
city	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupation	on		
42 312 2 32 34						
Employer Mailing Address/Principal Place of Business						
Enter Grand Total of Part D on School		Detailed Common	MIG-32-30			PAGE TOTAL

DSEB-502 (7-99)

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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	,		Reporting	Period	0.2 12/2/20
Friends of Jeff Gla	2181		From <u>//</u>	1 / 1	017 To 12/31/2017
			No.		
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	O. DAY	YEAR *	Amount \$
Receipt Description	*				
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	O. DAY	YEAR	Amount \$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	O DAY	YEAR	Amount \$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	O. DAY	YEAR	Amount \$
Receipt Description					
Full Name				* ==	
Mailing Address					
City	State	Zip Code (Plus 4) M	O. DAY	YEAR	Amount \$
Receipt Description	11				
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	DAY:	YEAR	Amount \$
Receipt Description					-
a.					PAGE TOTAL
Enter Grand Total of Part E on Sched	lule I,	Detailed Summary Pag	ge, Section	n 4.	\$ 0.00

DSEB-502 (7-99)

SCHEDULE II

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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	Reporting Per	iod	(C)
Friends of Jeff Glazier	From _ 1/1	1201	7 To 12/31/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS P	ER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	000
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$29	50.00 (FROM	PART	T F)
TOTAL for the Reporting Period	d (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	d (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

VALUE OF \$50.01 TO \$250.00

	- 11	Reporting		12/2 185 -
Friends of Jeft Glazier		From _	11/2	017 To 12/31/2017
		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	L			
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address		1		\$
	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	Ψ
		UM.	TEAN	\$
Description of Contribution:				
Full Name of Contributor	-	7-2-		
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
				3
City	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)				
City State Zip Code (Plus 4) — Description of Contribution:				
Description of Contribution:				
	MO.	DAY	YEAR	\$
Description of Contribution:		DAY		\$
Description of Contribution: Full Name of Contributor Mailing Address	MO.		YEAR	\$
Description of Contribution: Full Name of Contributor	MO.			\$
Description of Contribution: Full Name of Contributor Mailing Address	MO.	DAY	YEAR	
Description of Contribution: Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution: Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution: Full Name of Contributor Mailing Address City State Zip Code (Plus 4) — Description of Contribution:	MO. MO.	DAY	YEAR YEAR YEAR	\$
Description of Contributor Full Name of Contributor Mailing Address City State Zip Code (Plus 4) — Description of Contribution: Full Name of Contributor	MO.	DAY	YEAR	\$
Description of Contributor Full Name of Contributor Mailing Address City State Zip Code (Plus 4) — Description of Contribution: Full Name of Contributor	MO. MO.	DAY	YEAR YEAR YEAR	\$ \$ \$
Description of Contributor Mailing Address City State Zip Code (Plus 4) Description of Contributor Full Name of Contributor Full Name of Contributor Mailing Address City State Zip Code (Plus 4) — — — — — — — — — — — — — — — — — — —	MO. MO. MO.	DAY DAY DAY	YEAR YEAR YEAR	\$ \$
Description of Contributor Mailing Address City State Zip Code (Plus 4) Description of Contributor: Full Name of Contributor Mailing Address	MO. MO. MO.	DAY DAY DAY	YEAR YEAR YEAR	\$ \$ \$
Description of Contributor Full Name of Contributor Mailing Address City State Zip Code (Plus 4) — Description of Contributor Full Name of Contributor Mailing Address City State Zip Code (Plus 4) — Description of Contributor	MO. MO. MO.	DAY DAY DAY	YEAR YEAR YEAR	\$ \$ \$ \$
Description of Contributor Mailing Address City State Zip Code (Plus 4) Description of Contributor Full Name of Contributor Full Name of Contributor Mailing Address City State Zip Code (Plus 4) — — — — — — — — — — — — — — — — — — —	MO. MO. MO.	DAY DAY DAY	YEAR YEAR YEAR	\$ \$ \$

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

None of Cilian Committee of College	===	10 to	\$				
Name of Filing Committee or Candidate	F	Reporting					
Friends of Jeff Glaz		From	/1/20	717 то <u>12/31/2017</u>			
				DATE	N III - I	AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR		
		-			TEAR	\$ **	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business	Descript	ion of Cor	ntribution				
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO:	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	1	
						\$	
Employer of Contributor			Occupati	on	•		
Employer Mailing Address/Principal Place of Business	Descript	ion of Cor	ntribution				
Full Name of Contributor			MO.	DAY	YEAR	\$	
Malling Address	Malling Address				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						N	
Employer Maining Address/Frincipal Frace of Business			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR		
Mailing Address			140	DAY	VEAD	\$	
·	,		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY:	YEAR	\$	
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	4	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

\$ 0,00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Jeff Glazier	From 1/1/2017 To 12/31/2017
1 101103 01 1011101	
To Whom Paid	MO. DAY YEAR Amount (175 CH)
LV Print Center Mailing Address	MO.: DAY YEAR: Amount 475.44 Description of Expenditure
1701 Union Blvd #114	1 1
City State 7 in Code (Plus 4)	yard signs
Allentown PA 18109-	
To Whom Paid Jeff Glazier	MO. DAY YEAR Amount 0.3 Ow 3-017 \$ 30.00 Description of Expenditure
Mailing Address 159 Hamilton Street	Description of Expenditure
City State Zip Code (Plus 4)	Reimbursement for tiling tees
Allentown PA 18101-	*
To Whom Paid Cathyls Creative Catering	MO. DAY YEAR Amount
Mailing Address	MO. DAY YEAR Amount 03 34 30.7 \$ 300.90 Description of Expenditure
752 Front St. City State Zin Code (Plus 4)	Catering for fundraiser
Catasayua PA 1803.7	
To Whom Paid	MO. DAY YEAR Amount
Jeff Glazier Mailing Address	MO. DAY YEAR Amount \$ 353.48 Description of Expenditure
159 Hamilton St	Campaign expense reinters not
Allentaun State Zip Code (Plus 4)	Carried and a second
7- 100 2 2	Amount
tresident's Commit - Commitatotal	MO. DAY YEAR Amount 35.00
Mailing Address 220 West Emans Ave City A State Zin Code (Plus 4)	Crine Watch Annual Dinner
City Allertown PA 18102-	Confidence of the confidence o
To Whom Paid	MO. DAY YEAR Amount
Jeff Glazier Mailing Address	04 30 2017 \$ 50.00
159 Hamilton Street	LV Democratic Committee
Allentown PA 18101-	dinner roumbursement
To Whom Paid LV Print Center	MO. DAY YEAR Amount
M (III A 1 1	05 05 207 \$ 427.64 Description of Expenditure
City State Zip Code (Plus 4)	Palm Cards and mailing
Allentown PA 18109-	3
To Whom Paid Advantage PEP	MO. DAY YEAR Amount 125.00
Malling Address 2285 Scheenersville Road, Suite207	Get Out the Vote
Bethlehem State Zip Code (Plus 4)	
1/1 /8/0/	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	
	age, Item D. \$ 1787.96

SCHEDULE III

STATEMENT OF EXPENDITURES

None of Filing Committee or Candidate		CIEL VI		S	Daniadi	WWW. Uto Co. Live		
Name of Filing Committee or Candidate Friends of Jeff Glazie	Reporting Period From 1/1/2017 To 12/31/2017							
Trickley or according to								
To Whom Paid	_		Tarable .	T TOTAL		L Amenium!		
triends of Courtn	ey	Robinson	MO.		YEAR	\$ 50.00		
Box 9232			0	outribu		- Fundraiser		
Allertown	State	Zip Code (Plus 4) 1 8105 - 923)		- Albania				
To Whom Paid East Penn Denacrat	ric 1	Club	ј≅МО.			Amount 100,00		
Box 6				tion of Expe		y-Fundraiser		
Emmans	State	Zip Code (Plus 4) 18049-			Cui	1 million inc.		
To Whom Paid William Allen Hoch Sc			MD.	DAY	YEAR -	Amount 100.00		
Mailing Address 106 N 17th St				Description of Expenditure Fundraises Contribution				
Allentown	State	Zip Code (Plus 4) 18107 –	1 / 2	CALCOLAL - Y	-	- Committee of the comm		
To Whom Paid			MO.	DAY	YEAR	Amount		
Mailing Address			Descrip	tion of Expe	nditure	\$		
City	State	Zip Code (Plus 4)				307-30		
		_						
To Whom Paid			-Mo.	DAY	YEAR	Amount \$		
Mailing Address			Descrip	tion of Expe	nditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			≟MO.	DAY	YEAR	Amount \$		
Mailing Address			Descrip	tion of Expe	nditure			
City	State	Zip Code (Plus 4) —						
To Whom Paid			MO.	DAY	YEAR	Amount		
Mailing Address			Descrip	lion of Expe	nditure	\$		
City	State	Zip Code (Plus 4)		-3115				
To Whom Paid			***0	I nav I	We site of	Amount		
Mailing Address			MO.		X	\$		
City	·		Descrip	tion of Expe	nditura			
City	State	Zip Code (Plus 4)						
				= %=		PAGE TOTAL		
Enter Grand Total of Expenditures on Pag	je 1, i	Report Cover Pa	ige, It	em D.	1	\$ 250,00		

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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					Reporting Period				
Friends of Jeff Glazier				017 To 13/31/2017					
Name of Creditor					Outstanding Balance of Debt				
Mailing Address	DATE DEBT	MO.	DAY	YEAR	Landa de la vincia de la companyon de la compa				
City	INCURRED	State	Zip Code	(Plus 4)					
Description of Debt				-	HE WEST OF THE STATE OF THE STA				
Name of Creditor					Outstanding Balance of Debt				
Mailing Address	DATE DEBT	MO.	DAY	YEAR	3				
City	INCURRED	State	Zip Code	(Plus 4)					
Description of Debt			-						
Name of Creditor					Outstanding Balance of Debt				
Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$ 				
City	INCURRED	State	Zip Code	(Plus 4)					
Description of Debt			72	S	经验证证据				
Name of Creditor					Outstanding Balance of Debt				
Mailing Address	DATE DEBT	MO.	DAY	YEAR					
City	INCURRED	State	Zip Code	(Plus 4)					
Description of Debt									
Name of Creditor					Outstanding Balance of Debt				
Mailing Address	DATE DEBT	MO.	DAY	YEAR					
City	INCURRED	State	Zip Code	(Plus 4)					
Description of Debt			-						
Name of Creditor									
					Outstanding Balance of Debt \$				
Mailing Address	DATE DEBT	MO.	DAY	YEAR					
City	INCURRED	State	Zip Code	(Pius 4)					
Description of Debt		1_1							
Enter Grand Total of Unnaid Dahts on Page 1	Carren	-	-		PAGE TOTAL				
Enter Grand Total of Unpaid Debts on Page 1, 1	Report Cover	Page, II	tem G.		\$ 0,00				