PAGE 1 OF (COVER PAGE)

### CAMPAIGN FINANCE REPORT

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

Filer Identification		_		Repor	t	CANDIDATE	1.	сомм	and Le	2.	LOBB	YIST 3.
Name of Filing Comm	ittee, Candidate or Lo	obbyist:					3				A COL	
Carra Adda			tries	ids	ot	Jeff Gla	Ziev	~				
Street Address:	2915 Par	-kw	ay Boy	leva	rd							
City:	entown					State: PA		Zip Cod / 8	e:	_		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRE-PRIMA		2.	30 DAY POST PRIMARY	3.	AMENDA REPORT?		YES		NO
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA PRE-ELECT	Design Control	5.	30 DAY POST ELECTION	6.	TERMINA REPORT?		YES		NO
the right of report type)	ANNUAL REPORT	7.	YEAR		FILING METHOD			PAPE	R	V	DISKE	TTE
Name of Office Sough	nt by Candidate:	AL TOTAL				DATE OF ELEC	TION	District	Office		Party	County
Allestown (	City Contr	olle				MO. DAY YE	EAR	Number	OT'H	- 1	Code EM	39
			-			0 0 0 1 300	-1-7		(SEE IN	ISTRUC	TIONS	FOR CODES)
Summary of R	agginto N	MC	DAY YE	AR		MO. DAY YE	EAR	F	OR OF	FICE L	JSE OF	VLY
and Expenditur		0	10120	19	То	05 06 20	19					
A. Amount Brought	Forward From La	st Rep	ort		\$ (	2725.45						
B. Total Monetary	Contributions and I	Receipt	ts (From Sche	dule I)	\$	5160,00						
C. Total Funds Ava			nd B)		1	7885.45						
D. Total Expenditur	res (From Schedule	• III)			\$	1050,95						
E. Ending Cash Bal	ance (Subtract Line	D fro	om Line C)		\$ 6	5834.50						
F. Value of In-Kin	d Contributions Re	ceived	(From Sched	ule II)	\$	-6-						
G. Unpaid Debts an		_			\$	-0-						
A STATE OF THE PARTY OF THE PAR		ON WEAT	ALL STATE	'FIDA'	VIT SI	CTION		(3) R. A	11.1/	Lagra		v. 0 11
PART I - If this is	a Committee reg	Actut	easurer sign t	here. I	this	is a Candidate rep	ort, ca	indidate s	ign her	e.		
I swear (or affirm) th correct and complete.		LLENTO nis <b>sion</b> E	WN, LEHIGH COU Expires Sep 11, 20	Iles, on	paper	or computer diskette, a	are to t	he best of	my kno	wledge	and be	elief true,
Sworn to and subscr	4.4			19	1	andre	ew (	). 9/	1	2		
1	28	eQ				Sign	ature of	Person S Wei		g Repoi	rt	
	Signature	100		~		1		rinted Na	ne			
My commission exp	ires O 9	DAY	VR.	1	J	Area Code	=0	D	34 aytime 1		ne Num	/
CAPT N 19		5.0. <b>1.</b> 5.5			W. C.							
						e, candidate shall si			語型動			
1353 (C) 320) at	s amended.	Knowle	dge and belief	this pol	itical c	ommittee has not viol	ated an	y provisio	ns of th	e Act	of June	3, 1937
Notation of the property of th	ibed before me this			1000	2001	14		1				
Asp Sep On other	na		20	19	)		20					
Penns pires on Co pires num	naux	13	1.1.		Ţ		Signa	ture of Ca	ndidate	1	20-1	7
I. Bo nex sion yive	Signature		1			-	V	Printed Na	me_	107	16	
weelih of Pennsylvania- nasan Bonita, Notaria- Lengh County and Pensylvania November 1180 mmission number 1180 on isylvania Association de control of the county of the co	mo.	DAY)	20 22 YR.		J	Area Code	2		7- aytime 1	fg)	ne Num	ber
My com	Department	of <b>S</b> 1	tate • Bure	eau of	Comr	nissions, Elections	and L	egislatio	n			

## 

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

	Reporting Period
Friends of Jeff Glazier	From 01/01/2019 To 05/06/2019

	RIBUTOR
TOTAL for the Reporting Period (1)	\$ 5/0,00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 450,00
All Other Contributions (Part B)		\$ 2850,00
TOTAL for the Reporting Period	(2)	\$ 3300,00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ -0-
All Other Contributions (Part D)	\$ 1350.00
TOTAL for the Reporting Period (3)	\$ 1350,00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS,	ETC	. (FR	OM PART E)	
TOTAL for the Reporting Period	(4)	\$	-0-	

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	\$ 5160.00
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			Ť	Reporting	Period	
Friends of Jeff Glazier				From S	1/01/2	DI9 TO 05/06/2019
				DATE		AMOUNT
Full Name of Contributing Committee	of 1	Peter Schweyer	MO.	DAY	YEAR	\$ 100,00
Mailing Address	U	eler ochweger	Ol Mo.	31 DAY	2019 YEAR	\$ 100,00
Box 4364			mo.	DAI	TEAN	\$
Allentown	State	Zip Code (Plus 4)   18105 -	MO.	DAY	YEAR	
Allenioun	PA	18(0) -				\$
Full Name of Contributing Committee	F 3	62	MO.	DAY	YEAR	\$ 100 00
Mailing Address			MO.	3/	2019 YEAR	\$ 100,00
732 W. Chew S.	t. S	nite 302		- J.,	12701	\$
Allentown	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee	ah las	cher	MO.	DAY	YEAR	\$ 250,00
Mailing Address	-(10.	J. Sacra	MO.	3) DAY	JO19 YEAR	4 250,00
Mailing Address  944 N. 19th St				5711		\$
Oity ,	P4	Zip Code (Plus 4)	MO.	DAY	YEAR	
Allentown	14	18104 -				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
				- DAI	7200	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					TEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	<u></u>		2000			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	A			V =====		\$
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 Contribution Contribution				- N		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
21.						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	6
	1				ļ	\$
Enter Grand Total of Part A on Sche	dule I	. Detailed Summery	/ Раде	Section	n 2	PAGE TOTAL
		, Julillal y	. 290	, 566110	// <b>/</b>	\$ 450.00

\$ 1/00,00

### PART B 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.)

Ivame of Filing Committee or Candidate		Reporting		A
Friends of Jeff Glazier		From _	1/01/3	1019 To 05/06/2019
		DATE	-	AMOUNT
Full Name of Contributor	II. MO	100-00-00	YEAR	AMOUNT
James and Terri Ba	irtholomen o	31	2019	\$ 100,00
Mailing Address	MO		YEAR	
317 N. Broad St.				\$
	Zip Code (Plus 4) MO	DAY	YEAR	
Allentown PA 18	7104-			\$
Full Name of Contributor	MO	DAY	YEAR	
David and Patricia	Hotoman 01	31	2019	\$ 100,00
Mailing Address	MO	DAY	YEAR	
806 N. 30th St.				\$
City	Zip Code (Plus 4) MO	DAY	YEAR	
Allentown PA 18	204 =			\$
Full Name of Contributor	MO	DAY	YEAR	
Todd Larmer	01	31	2019	\$ 100.00
Mailing Address			YEAR	
2720 W. Livingston	St	UKI	J EAR	\$
		DAY	YEAR	
Allentown PA 18	(04 =		1200	\$
		DAY	VEAD	
Full Name of Contributor Joseph and Bornie Mailing Address	Mcalahon 0		20(9	\$ 100.00
Mailing Address	MO		YEAR	
834 N. 26th St.				\$
City State	Zip Code (Plus 4) MO.	DAY	YEAR	
Allentown PA 12	8104-	DAI	TEAN	\$
	МО	DAY	YEAR	
Full Name of Contributor Alandud Mary Sal Mailing Address	inger 0		2019	\$ 100,00
Mailing Address	MO		YEAR	
1018 N. Broad St.				\$
	Zip Code (Plus 4) MO.	DAY	YEAR	
Allestown PA 18	104 -	DAT	TEAR	\$
Full Name of Contributor	MO	DAY	VEAR	
Jeff Wenck		DAY 3/	YEAR	\$ 100,00
Mailing Address	© (		YEAR	7-3,30
3929 Kilmer Ave				\$
LCITY I State I	Zip Code (Plus 4) MO.	DAY	YEAR	
Allertown PA18				\$
Full Name of Contributor		DAY	YEAR	
Mailing Address 840 W. Hamilton St.	0(	31	2019	\$ 250.00
Mailing Address	MO.		YEAR	
840 W. Hayelton St.	Suite 210		TEPUL	\$
City	Zip Code (Plus 4) MO.	DAY	YEAR	
	(0) =		IEAR	\$
Full Name of Contributor	Mo	DAY	VEAD	
(Scea Butz			2019	\$ 250.00
Mailing Address 1636 Barkubod Driv	MO.	3i DAY	YEAR	
1636 Barkubod Driv	e	DAT	TEAR	\$
City	Zip Code (Plus 4) MO.	DAY	VEAD	
	069 -	DAT	YEAR	\$
1/4 V				PAGE TOTAL
				EMITE ILIIAI

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

## 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 01/01/2019 To 05/06/2019

Thends of Jett Glazier		From	10110	19 10 -700/2019
		DATE		AMOUNT
Mailing Address	MO.	DAY	YEAR	\$ 250,00
Mailing Address	01	31	2019	\$ 20,40
7601 Blue Church Rd South	MO.	DAY	YEAR	\$
				<b>—</b>
Coopersburg State Zip Code (Plus 4)	MO.	DAY	YEAR	
				\$
Full Name of Contributor Gavin and Nancy Holihan	MO.	DAY	YEAR	\$ 250,00
	01	31	2219	A 20,00
3039 W. Livingston St.  City All State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
City A J Zin Code (Plus 4)	110	544	MEAN	
Allentown PA 18104-	MO.	DAY	YEAR	\$
				<u> </u>
Full Name of Contributor Henry and Syzanne Lyons	MO.	DAY	YEAR	\$ 250.00
		31	2019	00,00
2829 W. Chew St.	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	
Allentouch State Zip Code (Plus 4)	WIU.	JAT.	TEAR	\$
Full Name of Contributor	140	I para	WE . D	w
Full Name of Contributor Charles and Ruth Marcon	₩0.	DAY 3 (	YEAR 2019	\$ 250,00
Mailing Address	MO.	DAY	YEAR	
316 N. 27th St.				1 \$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
Allentain State Zip Code (Plus 4)				<b>1</b> \$
Full Name of Contributor	MO.	DAY:	YEAR	
Danny and Sandra O'Neill	01	31	2019	\$ 250,00
Full Name of Contributor Danny and Sandra O'Neill Mailing Address	MO.	DAY	YEAR	
2904 W. Chew St.				\$
City	MO.	DAY	YEAR	
Allentown PA 18104 -				\$
Full Manne of Contribut	MO.	DAY	YEAR	
Mailing Address Mailing Address Mailing Address	01	31	2019	\$ 250,00
Mailing Address	MO.	DAY	YEAR	
City 1 Livingston DI.				\$
Allentown PA 18104 -	MO.	DAY	YEAR	
				\$
Full Name of Contributor	MO.	DAY	YEAR	• 0000
Mailing Address	01	31	2019	\$ 250,00
705 11 0 101	MO.	DAY-	YEAR	\$
City State   Zip Code (Plus 4)				¥
Alentown Pt (8104 -	MO.	DAY	YEAR	
				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address				Ψ
0000 1000 <b>0</b>	MO.	DAY	YEAR	\$
City State   Zip Code (Plus 4)		1		*
City State Zip Code (Plus 4)	MO.	DAY	YEAR	¢
		<u></u>	L	\$
				PAGE TOTAL

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

\$ 1750,00

TAUL 6 UI 13

Reporting Period

#### 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.

Friends of Jeff Glazier					1/01/	2019 To 05/06/2019
				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	<b>A</b>
Mailing Address						\$
			MO.	DAY	YEAR	\$
Cîty	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	\$
	4					Ψ
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	A
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)	l Mo	DAY	VEAD	Ψ
		=	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	\$
	-		10/1	·	<u>'h</u>	PAGE TOTAL

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

\$ -0-

Name of Filing Committee or Candidate

### **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			T	Reporting	Period		
Friends of Jeff Glaz	- 1	From D	1/01/2	019	To 05/06/2019		
Trients or seri Glas	1 51	V CHRISE, BESSE		",	-		
Edit Name of October			_	DATE	p of Earling	-	AMOUNT
Full Name of Contributor Leonard and	Rh	od Glorier	MO.	3/	2019	\$	350,00
Mailing Address			MO.	DAY	YEAR		
3216 W. Ced	ar	St.				\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
3216 W. Ceda	PA	18154 =				\$	
Employer Name			Occupa	ition			
Employer Mailing Address/Principal Place of Business							
Employer Mailing Address/Principal Place of Business							
	_		1	7 2			
Full Name of Contributor Robert and b	1-	to Benett	MO.	DAY 3/	2014	\$	500.00
Mailing Addrose			MO.	DAY	YEAR		200.00
2000 Notting	an	Road				\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Allecitory	P4	18103 -				\$	
Employer Name			Occupa	ition			
Bennett Toyota					wue		
Employer Mailing Address/Principal Place of Business	D	1 18107					
1951 Lehigh St. Alleatown	1/1	10103	*				
Full Name of Contributor		E IDE I	MO.	DAY	YEAR	\$	500 0-
Mailing Address  King Spry Horne	341	reunds laul	MO.	3/ DAY	2019	Ψ	500,00
I W. Broad St. #	£ 70	<i>9</i> 0	MU.	DAY	YEAR	\$	
City	Canan	71- 0-4- (01 4)	MO.	DAY	YEAR		
Bethlehem	PA	18018 =				\$	
Facelouse Name			Occupa	tion			
Employer Mailing Address/Principal Place of Business	Ru	nd & Faul		10	awyo	<b>^</b>	
Employer Mailing Address/Principal Place of Business	41-1	des. D1 10	OIR				
I W. Broad St. # 700 Be	400	eway, PA 18	U/ 0				
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address	_		MO.	DAY	YEAR	Ť	
			MO.	DAT	TEAR	\$	
City	State	Zip Code (Plus 4)	Mo:	DAY	YEAR	_	
		2				\$	
Employer Name			Occupa	ation			
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	VEAD	ĻŤ	
		= 21p 0000 (Fids 4)	MIU.	DAT	YEAR	\$	
Employer Name			Öccupa	ation	1		
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL \$ 1350, €0

Reporting Period

## 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

Friends of Jet				From C	1/01/	2019 To 05/06/2019
Full Name		*				
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Possint Description		1148				\$
Receipt Description	£					
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name			-1-1	-114		
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			1			<u> </u>
						PAGE TOTAL

### SCHEDULE II

PAGE 9 OF 13

## 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 Peri	od		
Friends of Jeff Glazier	From Ol/	1/2019	To 05/06/20	919
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS PE	R CONTRIBUTO	R
TOTAL for the Reporting Period	d (1)	\$	-0-	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$29	50.00 (FROM	PART	<b>F)</b>	
TOTAL for the Reporting Period	d (2)	\$	-0 -	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	)		
TOTAL for the Reporting Period	d (3)	\$	-0-	
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-	

PAGE 10 OF 13

### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			R	eporting	Period	
Friends of Jeff Glaz	ier			From 6	1/01/2	2019 To 05/06/2019
(C-1007)(C-1007)			()	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:			1	L		
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						3
Maning 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	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo	DÂY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
						TRACE TOTAL

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

\$ - 0 -

Reporting Period

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate

DSEB-502 (7-99)

Friends of Jeff Glazi	er			From <u>C</u>	1/0//20	19 TO 05/06/2019
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
					0	•
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		<u> </u>	Occupati	on		
Employer Mailing Address/Principal Place of Business			Descripti	ion of Cor	tribution	
and the second s			Descript	1011 01 001	iti ibation	
Full Name of Contributor			MO.	DAY	YEAR	•
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Containue			On a second		1	
Employer of Contributor			Occupati	оп		
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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	•
		200				\$
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	\$
Employer of Contributor			Occupati	ion		
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	ntribution	
			_	91.50		PAGE TOTAL
Enter Grand Total of Part G on Schee Summary Page, Section 3.	dule I	l, In-Kind Contribu	utions D	etailed		\$ -0-

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			F	eporting	Period	-siln -se	
Friends of Jeff Glazier						019 To	05/06/2019
To Whom Paid LV Print Center			MO.		YEAR 2019	Amount \$	65.19
Mailing Address 1701 Union Blvd				on of Exp	enditure		ralser
Allegitours	State A	Zip Code (Plus 4)		VI VI IQU			V - V ( DIE)
To Whom Paid Advantage, PEP, LL	C		Mo.		YEAR	Amount \$	418,75
Mailing Address 2285 Schoeyersville	e R	load		on of Exp		ann al a	nent and
Bethlehem Bethlehem	State P4	Zip Code (Plus 4) /8017-		osta	,	z.acj-	
To Whom Paid Jeff Glazier			MO.	DAY		Amount \$	427.01
Mailing Address 2915 Parkuny Bou	leva	152		ion of Exp			fundraiser
Allentown	State	Zip Code (Plus 4) 18 jest =		fense		101	) ((2) (1) (1)
Presidents Council,	, In	c.	MO.	02	2019	Amount \$	65.00
Mailing Address 942 E. Tilghman	Str	eet	12.00	ion of Exp		ne We	otch
CITY	I State I	Zip Code (Plus 4) 18/29 - 1955			and	\ \	
To Whom Paid Allentown Public			MO.		YEAR	Amount \$	75.00
1210 W, Havuito		/		ion of Exp		1 to A	) leuto un
City	State	Zip Code (Plus 4) /8/02 -			4	ary s	7 8
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descript	ion of Exp	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid	' =		MO.	DAY	YEAR	Åmount \$	
Mailing Address			Descript	ion of Exp	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YE AR	Åmount	
Mailing Address			Descript	ion of Exp	enditure	\$	
City	State	Zip Code (Plus 4)					
		-				\$74	
Enter Grand Total of Expenditures on Page	ge 1, 1	Report Cover Pa	age. It	em D.		PAGE T	50 95

PAGE 13 OF 13

## 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			Reporting		
Friends of Jeff Glazier					7019 TO 05/06/2019
triends of OPT Gracies			I. I. Sain.	10110	1000/00/
Name of Creditor					Outstanding Balance of Debt
and the states.					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Olue 4)	
		State	Zip Gudu	(Plus jage	
Description of Debt					(EDERIKATER/HISTOURISTON
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	Mo.	DAY	YEAR	\$
	DEBT INCURRED	Wise.	U.S.	Tami	
City	III O III.	State	Zip Code	(Plus 4)	
			-		
Description of Debt					
Name of Creditor					Mariana Palanas of Dobt
Halle VI Greater					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	AUGUSTUS DES MARSANS (1952)
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
Description of Debt					905B6000B4489289360
• Noveletin					
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	MO.	DAY	YEAR	Designation of the second
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
Description of Debt		$\perp$			V4V56V2740V4V4X6V
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	Ctato	7:= Code	(Dian 4)	
,		State	Zip Code	(Plus 4)	
N					
Description of Debt		4 4			ETEREBRANDAMINANIAN
Description of Debt					
Description of Debt  Enter Grand Total of Unpaid Debts on Page 1, R					PAGE TOTAL