

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	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JEFF GLAZIER					
STREET ADDRESS 2915 Parkway Blvd					
CITY Allentown		STATE PA	ZIP CODE 18104-5325		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Allentown Controller		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		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 01 01 2019 TO 05 06 2019		DATE OF ELECTION MO. DAY YEAR 05 21 2019	
		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"/>		TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>	
FOR OFFICE USE ONLY					

AFFIDAVIT SECTION

Commonwealth of Pennsylvania - Notary Seal
Donna M. Bonilla, Notary Public
Lehigh County

My commission expires November 21, 2022
Commission number 11846390
Member, Pennsylvania Association of Notaries

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

DAY OF **May** 20 **19**
 SIGNATURE **[Signature]**
 MY COMMISSION EXPIRES **11 13 2022**
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT

JEFF GLAZIER
 PRINTED NAME
610 657-8507
 AREA CODE DAYTIME TELEPHONE NUMBER

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 _____
 MY COMMISSION EXPIRES _____
 MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER