CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER			REPORT FILED ON BEHALF OF	CANDIDATE I.	COMMITTEE	2. LOBBYIST 3		
NAME OF FILING COMMO	TTEE, CANDIDATE OR LOBBYIST					0		
Triends of Jeff Glazier								
STREET ADDRESS 2915 Parkway Boulevard								
STATE O A ZIP CODE								
			14		1810	/-		
TYPE OF REPOR (CHECK ONE)		e/	DISTRICT NO.	PARTY	-	OF ELECTION DAY YEAR		
6TH TUESDAY PRE-PRIMARY	Allertanc	ity Control	ler	DEM		05 2019		
PRE-PRIMARY	2. DATES OF REPORTING PERIOD		10 21 2019					
POST-PRIMARY	CASH BALANC		\$6834.5	-0				
6TH TUESDAY PRE-ELECTION	OF THE ORTHOG		\$1000 F.J					
PRE-ELECTION	AT THE END O	T OF FILER'S DEBTS OR LIABILITIES FREPORTING PERIOD:	\$					
30 DAY POST-ELECTION	a.	ENDMENT YES	10					
	7	PORT?	NO V					
REPORT		PORT? YES	NO V					
ALEIDANIA DE LA CALLANTA DEL CALLANTA DEL CALLANTA DE LA CALLANTA								
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.								
OR AFFIRM	THAT THE AGGREGATE RECEIPTS ED AND FIFTY DOLLARS (\$250.00) D SUBSCRIBED BEFORE ME THIS OF SIGNATURE	20 19	E BEST OF MY KNOWLER	G THE REPORTING DOGE AND BELIEF, URE OF PERSON PRINTED	N SUBMITTING REF	PORT		
SUNE 3 1937 (P. 1.333 No. 320) AS AMENDED								
	D SUBSCRIBED BEFORE ME THIS	NOMFEDGE AND BET SIVE SET OF S	ASSOCIATION OF THE PROPERTY OF	BIGNATURE OF	BUTT	2-1		
MY COMMISSION EXPIRES 08 25 200 F 3 SAREA CODE DAYTIME TELEPHONE NUMBER								
	Donartman	Department of State Private Department of State Department of Stat						