

COMMONWEALTH OF PENNSYLVANIA  
**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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Jeff G. Lazer</i>						
STREET ADDRESS <i>2915 Parkway Blvd</i>						
CITY <i>Allentown</i>		STATE <i>PA</i>		ZIP CODE <i>18104 - 5325</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>		<i>Allentown City Controller</i>			<i>Dem</i>	MO. DAY YEAR <i>05 21 2019</i>
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>						
30 DAY POST-PRIMARY <input type="checkbox"/>						
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>						
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>						
30 DAY POST-ELECTION <input type="checkbox"/>						
ANNUAL REPORT <input checked="" type="checkbox"/>						
		DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
		MO. DAY YEAR <i>1 1 2018</i> TO <i>12 31 2018</i>				
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>				
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

**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.

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	SIGNATURE OF PERSON SUBMITTING REPORT
<i>29</i> DAY OF <i>Jan</i> <i>2019</i>	<i>Jeff G. Lazer</i>
SIGNATURE <i>Donna M. Boritila</i>	PRINTED NAME <i>Jeff G. Lazer</i>
MY COMMISSION EXPIRES <i>11 12 2022</i>	AREA CODE <i>610</i> DAYTIME TELEPHONE NUMBER <i>657-8507</i>
MO. DAY YR.	

**PART II -**

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	SIGNATURE OF CANDIDATE
____ DAY OF ____ 20__	
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES ____	AREA CODE ____ DAYTIME TELEPHONE NUMBER ____
MO. DAY YR.	

Department of State • Bureau of Commissions, Elections and Legislation  
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

DSEB-503 (12-99)

Commonwealth of Pennsylvania Notary Seal  
 Donna M. Boritila, Notary Public  
 Lehigh County  
 My commission expires November 12, 2022  
 Commission number 1194639  
 Member, Pennsylvania Association of Notaries