

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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

Filer Identification Number: ▶	Report Filed By: ▶	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Jeff Glazier</u>				
Street Address: <u>2915 Parkway Boulevard</u>				
City: <u>Allentown</u>		State: <u>PA</u>	Zip Code: <u>18104 -</u>	

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR ▶	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE ▶	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <u>Allentown City Controller</u>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <u>05 26 2023</u>				
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from: ▶	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	<u>01</u>	<u>01</u>	<u>2023</u>		<u>05</u>	<u>01</u>	<u>2023</u>
A. Amount Brought Forward From Last Report	\$ <u>6764.50</u>						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <u>6050.00</u>						
C. Total Funds Available (Sum of Lines A and B)	\$ <u>12814.50</u>						
D. Total Expenditures (From Schedule III)	\$ <u>1527.52</u>						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <u>11386.98</u>						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <u>-0-</u>						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <u>-0-</u>						

FOR OFFICE USE ONLY

RECEIVED

2023 MAY -5 AM 11:51

ELECTION BOARD OF LEHIGH COUNTY

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 2nd day of May 2023

[Signature]

Commonwealth of Pennsylvania - Notary Seal
 Jill M. Goetz, Notary Public
 Signature High County
 My commission expires August 8, 2026
 Commission number 1059788
 Member, Pennsylvania Association of Notaries

[Signature: Andrew J. Weiss]

Signature of Person Submitting Report

Andrew J. Weiss

Printed Name

610 434-2637

Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 5th day of May 2023

[Signature]

Commonwealth of Pennsylvania - Notary Seal
 Donna M. Bonilla, Notary Public
 Signature High County
 My commission expires November 12, 2026
 Commission number 1194639
 Member, Pennsylvania Association of Notaries

[Signature: Jeff Glazier]

Signature of Candidate

Jeff Glazier

Printed Name

610 657-0587

Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2022</i> to <i>05/01/2023</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ <i>375.00</i>
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ <i>-0-</i>
All Other Contributions (Part B)	\$ <i>4275.00</i>
TOTAL for the Reporting Period	(2) \$ <i>4275.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$ <i>500.00</i>
All Other Contributions (Part D)	\$ <i>1000.00</i>
TOTAL for the Reporting Period	(3) \$ <i>1500.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ <i>-0-</i>
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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.)	\$ <i>6050.00</i>
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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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>1/1/2023</i> To <i>5/1/2023</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL
\$ <i>- 0 -</i>

**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.)

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Ron Skinner	02	23	2023	\$ 250.00
Mailing Address 2929 W. Livingston St.	MO.	DAY	YEAR	\$
City Allentown	PA	18104	-	\$
Carol Watters	02	23	2023	\$ 250.00
Mailing Address 205 N. Broad St.	MO.	DAY	YEAR	\$
City Allentown	PA	18104	-	\$
Lee Butz	02	23	2023	\$ 200.00
Mailing Address 840 W. Hamilton St. Suite 210	MO.	DAY	YEAR	\$
City Allentown	PA	18101	-	\$
Peter Dectis	02	23	2023	\$ 200.00
Mailing Address 450 Harrison St.	MO.	DAY	YEAR	\$
City Allentown	PA	18103	-	\$
Henry Lyons	02	23	2023	\$ 200.00
Mailing Address 2829 W. Chew St.	MO.	DAY	YEAR	\$
City Allentown	PA	18104	-	\$
Jennifer Mann	02	23	2023	\$ 200.00
Mailing Address 2845 Parkway Blvd	MO.	DAY	YEAR	\$
City Allentown	PA	18104	-	\$
Charles Marcon	02	23	2023	\$ 200.00
Mailing Address 316 N. 27th St.	MO.	DAY	YEAR	\$
City Allentown	PA	18104	-	\$
Deborah Sullins	02	23	2023	\$ 200.00
Mailing Address 332 N. 29th St.	MO.	DAY	YEAR	\$
City Allentown	PA	18104	-	\$

PAGE TOTAL
\$ 1700.00

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

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.)

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 01/01/2023 To 05/01/2023
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Robert Wilson	02	23	2023	\$ 200.00
Mailing Address 3030 W. Turner St.	MO.	DAY	YEAR	\$
City Allentown	State	Zip Code (Plus 4)		\$
PA 18104 -				
Jeff Holzman	02	23	2023	\$ 150.00
Mailing Address 621 N. 30th St.	MO.	DAY	YEAR	\$
City Allentown	State	Zip Code (Plus 4)		\$
PA 18104 -				
Steven Miller	02	23	2023	\$ 125.00
Mailing Address 855 N. 38th St.	MO.	DAY	YEAR	\$
City Allentown	State	Zip Code (Plus 4)		\$
PA 18104 -				
Leon Angelino	02	23	2023	\$ 100.00
Mailing Address 3029 W. Chew St.	MO.	DAY	YEAR	\$
City Allentown	State	Zip Code (Plus 4)		\$
PA 18104 -				
Ibolya Balog	02	23	2023	\$ 100.00
Mailing Address 1527 1/2 W. Chew St.	MO.	DAY	YEAR	\$
City Allentown	State	Zip Code (Plus 4)		\$
PA 18104				
James Bartholomew	02	23	2023	\$ 100.00
Mailing Address 317 N. Broad St.	MO.	DAY	YEAR	\$
City Allentown	State	Zip Code (Plus 4)		\$
PA 18104 -				
Don Bernhard	02	23	2023	\$ 100.00
Mailing Address 621 N. Glenwood St.	MO.	DAY	YEAR	\$
City Allentown	State	Zip Code (Plus 4)		\$
PA 18104 -				
Greg Butz	MO.	DAY	YEAR	\$ 100.00
Mailing Address 840 W. Hamilton St. Suite 600	MO.	DAY	YEAR	\$
City Allentown	State	Zip Code (Plus 4)		\$
PA 18101 -				

PAGE TOTAL
\$ 975.00

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

**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.)

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 01/01/2023 To 05/01/2023
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor Bill Chuck	02	23	2023	\$ 100.00
Mailing Address 587 Showers St.	MO.	DAY	YEAR	\$
City Harrisburg	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 17104 -				
Full Name of Contributor Ollie Foucek	02	23	2023	\$ 100.00
Mailing Address 2911 Chew St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18104 -				
Full Name of Contributor Malcolm Gross	02	23	2023	\$ 200.00
Mailing Address 2804 W. Gordon St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18104 -				
Full Name of Contributor Gavin Holihan	02	23	2023	\$ 100.00
Mailing Address 3039 W. Livingston St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18104 -				
Full Name of Contributor John Hook	02	23	2023	\$ 100.00
Mailing Address 2425 Charleston Drive	MO.	DAY	YEAR	\$
City State College	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 16801 -				
Full Name of Contributor David Kovacs	02	23	2023	\$ 100.00
Mailing Address 415 N. 27th St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18104 -				
Full Name of Contributor Todd Larner	02	23	2023	\$ 100.00
Mailing Address 1275 Gleanivet Drive	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18106				
Full Name of Contributor William Malkames	02	23	2023	\$ 100.00
Mailing Address 509 W. Linden St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18101				

PAGE TOTAL \$ 800.00

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

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.)

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From 01/01/2023 To 05/01/2023
---	---

				DATE			AMOUNT
Full Name of Contributor	Mailing Address	City	State	MO.	DAY	YEAR	
David Mann	2917 W. Fairview St.	Allentown	PA	02	23	2023	\$ 100.00
							\$
							\$
Joseph McMahon	834 N. 26 th St.	Allentown	PA	02	23	2023	\$ 100.00
							\$
							\$
Joseph Patrucco	3021 W. Turner St.	Allentown	PA	02	23	2023	\$ 100.00
							\$
							\$
Alan Salinger	1018 N. Broad St.	Allentown	PA	02	23	2023	\$ 100.00
							\$
							\$
Scott Ambrose	613 N. 28 th St.	Allentown	PA	02	23	2023	\$ 75.00
							\$
							\$
Antonio Angello	2861 Hamilton Boulevard	Allentown	PA	02	23	2023	\$ 75.00
							\$
							\$
Sam Crothers	1121 W. Turner St.	Allentown	PA	02	23	2023	\$ 75.00
							\$
							\$
John Sharpe	425 N. Broad St.	Allentown	PA				\$ 75.00
							\$
							\$

PAGE TOTAL \$ 700.00

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

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2023</i> To <i>05/01/2023</i>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Friends of Nick Miller</i>				<i>02</i>	<i>23</i>	<i>2023</i>	\$ <i>500.00</i>
Mailing Address <i>202 N. 17th St</i>				MO.	DAY	YEAR	\$
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104-</i>		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	\$

PAGE TOTAL	\$ <i>500.00</i>
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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 Friends of Jeff Glazier	Reporting Period From 01/01/2023 To 05/01/2023
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Robert Bennett	02	23	2023	\$ 500.00
Mailing Address: 2000 Nottingham Road				
City: Allentown	State: PA	Zip Code (Plus 4): 18103 -		\$
Employer Name: Bennett Toyota			Occupation: Owner	
Employer Mailing Address/Principal Place of Business: 1951 Lehigh St., Allentown, PA 18103				
Kevin Hausman	02	23	2023	\$ 500.00
Mailing Address: 7601 Blue Church Road				
City: Coopersburg	State: PA	Zip Code (Plus 4): 18036 -		\$
Employer Name: Metro Design			Occupation: President	
Employer Mailing Address/Principal Place of Business: 1206 Sherman St. Allentown, PA 18109-1798				
				\$
Mailing Address:				
				\$
				\$
Employer Name:			Occupation:	
Employer Mailing Address/Principal Place of Business:				
				\$
Mailing Address:				
				\$
				\$
Employer Name:			Occupation:	
Employer Mailing Address/Principal Place of Business:				
				\$
Mailing Address:				
				\$
				\$
Employer Name:			Occupation:	
Employer Mailing Address/Principal Place of Business:				

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

PAGE TOTAL
\$ 1000.00

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2023</i> To <i>05/01/2023</i>
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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						
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						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ <i>— 0 —</i>

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2023</i> To <i>05/01/2023</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>- 0 -</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <i>- 0 -</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>- 0 -</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>- 0 -</i>
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SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>01/01/2023</i> To <i>05/01/2023</i>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Description of Contribution:				

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

PAGE TOTAL

\$ -0-

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

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

PAGE TOTAL \$ <u>0 -</u>

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Glazier	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
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To Whom Paid Cathy's Creative Catering	MO.	DAY	YEAR	Amount
Mailing Address 752 Front Street	02	26	2023	\$ 548.56
City Catasauqua	State PA		Zip Code (Plus 4) 18032-	
Description of Expenditure Fund raising event food				

To Whom Paid Jeff Glazier	MO.	DAY	YEAR	Amount
Mailing Address 2915 Parkway Boulevard	03	14	2023	\$ 754.39
City Allentown	State PA		Zip Code (Plus 4) 18104	
Description of Expenditure Reimbursement of expenses = stamps, printer, paper products, drinks				

To Whom Paid Jeff Glazier	MO.	DAY	YEAR	Amount
Mailing Address 2915 Parkway Boulevard	03	21	2023	\$ 124.57
City Allentown	State PA		Zip Code (Plus 4) 18104	
Description of Expenditure Reimbursement of notary expenses (2019-2023) and candy for St. Pat's parade				

To Whom Paid President's Council dinner	MO.	DAY	YEAR	Amount
Mailing Address				\$ 100.00
City	State		Zip Code (Plus 4)	
Description of Expenditure dinner, ad, and contribution				

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	
Description of Expenditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1527.52

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 <i>Friends of Jeff Glazier</i>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
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Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <u>00</u>
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