

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 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		DISTRICT NO.	PARTY	
	DATE OF ELECTION				
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	Allentown City Controller			D	
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	DATES OF REPORTING PERIOD				
30 DAY POST-PRIMARY <input type="checkbox"/>	MO. DAY YEAR		MO. DAY YEAR		
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	1 1 23 TO		12 31 23		
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD:		\$		
30 DAY POST-ELECTION <input type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		
ANNUAL REPORT <input checked="" type="checkbox"/>	AMENDMENT REPORT?		YES	NO	
	TERMINATION REPORT?		YES	NO	

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

31 DAY OF Jan 2024

SIGNATURE
 MY COMMISSION EXPIRES 9 MO. 14 DAY 26 YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

610 AREA CODE 657-8507 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

Commonwealth of Pennsylvania - Notary Seal
 Barbara J. Azar-Noble, Notary Public
 Lehigh County
 My commission expires September 14, 2026
 Commission number 100438