

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 Grazier						
STREET ADDRESS 2915 Parkway Blvd						
CITY Allentown		STATE PA	ZIP CODE 18104			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE Allentown City Controller		DISTRICT NO.	PARTY Dem	DATE OF ELECTION	
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR d 01 20 TO 12 31 20		FOR OFFICE USE ONLY			
	CASH BALANCE AT END OF REPORTING PERIOD: \$					
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$					
	AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>					
	TERMINATION REPORT? YES 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
 26th DAY OF January 2021
 [Signature]
 SIGNATURE

MY COMMISSION EXPIRES 11 12 2022
 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
 JEFF GRAZIER
 PRINTED NAME

600
 AREA CODE

657-8807
 DAYTIME TELEPHONE NUMBER

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

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