

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 | 1. <input checked="" type="checkbox"/> | COMMITTEE | 2. <input type="checkbox"/> | LOBBYIST | 3. <input type="checkbox"/> |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JEFF GLAZIER | | | | | | | | |
| STREET ADDRESS 2915 Parkurst Blvd | | | | | | | | |
| CITY Altoona | | | STATE PA | ZIP CODE 18004 - 5325 | | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | DISTRICT NO. | PARTY | DATE OF ELECTION | | |
| 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT | | City Controller | | | D | MO. | DAY | YEAR |
| | | DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 1 1 23 TO 5 1 23 | | FOR OFFICE USE ONLY RECEIVED 2023 MAY -5 AM 11:51 ELECTION BOARD OF LEHIGH COUNTY | | | | |
| | | CASH BALANCE AT END OF REPORTING PERIOD: \$ 0 | | | | | | |
| | | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0 | | | | | | |
| | | 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
5th DAY OF **May** 20**23**
 SIGNATURE OF PERSON SUBMITTING REPORT: **JEFF GLAZIER**
 PRINTED NAME: **JEFF GLAZIER**
 AREA CODE: **670** DAYTIME TELEPHONE NUMBER: **657-8507**
 SWORN TO BY: **Donna M. Bonilla**
 SIGNATURE: **Donna M. Bonilla**
 My commission expires November 12, 2026
 Commission number: **1194629**
 Member, Pennsylvania Association of Notaries

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 OF CANDIDATE: _____
 PRINTED NAME: _____
 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____
 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____