PAGE 1 OF

(COVER PAGE)

CAMPAIGN FINANCE REPORT

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

	-		-	may be typed of pr	-41	7 L		9	- Spine	
Filer Identification Number:			Report Filed By:	CANDIDATE	= '-	COMMIT	TEE X	LOB	BYIST 3.	
Name of Filing Committee, Candidate or Lobbyist: Friends of Jeff Glazier										
Street Address: 2915 Parkbuay Boulevard										
City:	Allentown	State: Pf	7	Zip Code:	18104	-				
TYPE OF	6TH TUESDAY PRE-PRIMARY	1. 2ND FRID		30 DAY POST-PRIMARY	3.	AMENDME REPORT?	NT VE		NO X	
REPORT	8TH TUESDAY PRE-ELECTION	4. 2ND FRID	AY 5.	30 DAY POST ELECTION	6.	TERMINAT	TION VE	×	NO	
(place X to the right of report type)	ANNUAL REPORT	7 YEAR 2023		FILING METHOD		PAPER	A	DISK	Carie	
Name of Office Sough Allentown	nt by Candidate:			DATE OF ELE	MARKET STATE	District Number	Office Code TH	Party Code DEM	County Code 1 3 9	
Summary of Re		1 1	/EAR 023 T	10 2/3	YEAR	FO	R OFFICE	USE C	DNLY	
A. Amount Brought			\$ \$							
B. Total Monetary			_	1/386.98						
C. Total Funds Ava	ilable (Sum of Line	es A and B)	\$	11386.98						
D. Total Expenditur	\$	11386,98								
E. Ending Cash Bala	\$	\$ -0-								
F. Value of In-Kin	d Contributions Re	ceived (From Schei	dule II) \$	\$ -0 -						
G. Unpaid Debts an	d Obligations (Fror	n Schedule IV)	\$	t0-						
0 2 2 2 2		ort, treasurer sign		s is a Candidate re						
Andrew J. We was Signature Signature Signature Signature One of the service of the best of my knowledge and belief true, complete. Signature One of the service of the best of my knowledge and belief true, complete. Signature of Person Submitting Report Andrew J. We was Signature One of the best of my knowledge and belief true, complete. Signature of Person Submitting Report Andrew J. We was Printed Name One of the best of my knowledge and belief true, complete. Signature of Person Submitting Report Andrew J. We was Printed Name One of the best of my knowledge and belief true, complete. Signature of Person Submitting Report Andrew J. We was Printed Name One of the best of my knowledge and belief true, complete. Signature of Person Submitting Report Andrew J. We was Printed Name One of the best of my knowledge and belief true, complete. Signature of Person Submitting Report Andrew J. We was Printed Name One of the best of my knowledge and belief true, complete. Signature of Person Submitting Report Andrew J. We was Printed Name One of the best of my knowledge and belief true, complete. Signature of Person Submitting Report Andrew J. We was Printed Name One of the best of my knowledge and belief true, complete.										
PART II - If this i	s a report of a Co	andidate's Authoriz	ed Committ	ee, candidate shall	sign her	e.				
sweet (or effirm) the	et to the best of my s amended. ibed before me this	knowledge and belief	AND THE PROPERTY OF THE PROPER	No. of the last of	alated any	ure of Candi	idate S50	Atri	of C	

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Jeff Glazier	From 1/1/2023 To 12/31/2023

1. UNITEMIZED CONTRIBUTIONS	AND RECEIPTS - \$50.00 OR LESS PE	R CONT	RIBL	JTOR
	TOTAL for the Reporting Period	(1)	\$	-0-

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ -0-
All Other Contributions (Part B)	\$ -0 -
TOTAL for the Reporting Period (2)	\$ -0-

Contributions Received from Political Committees (Part C)	\$ -0-
All Other Contributions (Part D)	\$ -0 -
TOTAL for the Reporting Period (3) \$ 0 -

4. OTHER RECEIPTS - REFUNDS,	INTEREST EARNED, RETURNED CHECK	S, ETC. (FROM PART	E)
	TOTAL for the Reporting Period	(4) \$ -0 -	

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.)	-0-
---	-----

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.

Friends of Jeff Glazia	20			From 1	Period / 1 / 2 0	23 To 12/31/293
THE TO WEST ORCER			1.50502	DATE		AMOUNT
Full Name of Contributing Committee	-		MO.	DAY	YEAR	
Sacilian Addross			110	DAY	VEAD:	\$
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	
					7.00	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_		- (C-11) (C-11)		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	6
			ļ			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			MO.	-		D
Full Name of Contributing Committee				DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			130	MAY	VEAD	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
						-9
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	-		MO.	DAY	YEAR	
Full Name of Contributing Committee			11101			\$
Mailing Address			MO.	DAY.	YEAR	\$
		Tim Code (Diver 6)				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	-		Mo.	DAY	YEAR	
The reason of contributing committee						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	140	Prav	VEAR	ļ -
1		mile acces is took at	MO.	DAY	YEAR	\$
			_		A- 133	PAGE TOTAL
Enter Grand Total of Part A on Schedu	ule i	, Detailed Summar	y Pag	e, Sectio	n 2.	e -0-

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		Reporting	reriod	12/2/2-		
Friends of Jeff Glazie				From	11/20	23 To 12/31/202
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	* - To the state of the state o
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
**************************************			mo.	DAI	IGAB	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_			_	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	¢
		Nie Gede (Div. 4)				\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	- 14:-		MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_	10.01		7.82.421	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	Ψ
			14101	J.	1 CAN	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	
			-			\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
		7 0 1 151 4				\$
City	ate	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
					75000	\$
Mailing Address			MO.	DAY.	YEAR	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	
			1110,	DA.	LAN.	\$
						PAGE TOTAL
Enter Grand Total of Part B on Schedule	e I. D	etailed Summary	/ Page	e. Sectio	n 2.	\$ -0-

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 of Candidate				nepor ang	renoa	1-6
Friends of Jeff Glazier					1/200	23 To 12/31/2023
				DATE		AMOUNT
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	
Co. (120-12)		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
Maining Address			IVIO.	DAT	TEMB	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address					V	•
Walling Address			MO.	DAY	YËAR	\$
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	\$
				-	VC 17	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
						4
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			_			DACE TOTAL
						PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I,	Detailed Summary	y Page	, Section	n 3.	\$ ~ 0 ~

PART D **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		Reporting	Period					
Friends of Jeff Glaz		From	11/20	23 To 12/31/2023				
				DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	Occupa	tion						
Employer Mailing Address/Principal Place of Business			4.					
Full Name of Contributor		MD.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name			Occupa	tion				
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	2		
Walling Address			IVIO.	DA	FEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name			Occupa	tion				
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name			Occupation					
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor	=		MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
city	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name			Occupa	tion				
Employer Mailing Address/Principal Place of Business								

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

PAGE TOTAL

Reporting Period

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.

Friends of Jeff Glazie	20		From _	/1/20	23 To 12/21/2023
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	W/18				
Mailing Address					
City	State	Zip Code (Plus 4) MO	DAY	YEAR	Amount \$
Receipt Description			*		
Full Name			A 112		
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		1.			
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4) MO	DAY	YEAR	\$
Receipt Description					
	755				PAGE TOTAL

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

Name of Filing Committee or Candidate

SCHEDULE II

PAGE 8 OF 13

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	Reporting Per	iod	
Friends of Jeff Glazier	From <u>1/1/</u>	12023	To 12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS PE	R'CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	-0-
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART	F)
TOTAL for the Reporting Period	d (2)	\$	-0-
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G)	y Wide Br
TOTAL for the Reporting Period	d (3)	\$ -	-0-
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	-0-

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Frends of Jeff Glazier			F	Reporting Period			
				From _	1/1/20	23 To 12/31/2023	
				DATE		AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAR	\$	
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$	
Description of Contribution:					1		
Full Name of Contributor			Mo.	DAY	YEAR		
Ton Name of Sommodor			11101		1 12733	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Description of Contribution:				1		1	
Full Name of Contributor			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Description of Contribution:							
Full Name of Contributor			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Description of Contribution:				1			
Full Name of Contributor			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Description of Contribution:							
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Description of Contribution:			1		-		
Fater Owned Total of Date Total		1 1/1 / 5				PAGE TOTAL	
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.					\$ -0-		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			F	leporting		
Friends of Jeff Glazier				From ½	1/200	23 To 12/31/2023
The feet of the feet				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	-		Occupation			
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on.		
Employer Mailing Address/Principal Place of Business			Description of Contribution			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	1		Occupati	on		
Employer Mailing Address/Principal Place of Business		Description of Contribution				
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		-
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
Full Name of Contributor		MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY.	YEAR	\$
city	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		Occupation	on			
Employer Mailing Address/Principal Place of Business		Description of Contribution				
				PAGE TOTAL		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				\$ -0-		

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Jeff Glazier	From 1/1/2023 To 12/31/2023
Thenas a very Graziei	
To Whom Paid Jeff Glazier	MO. DAY YEAR Amount 12 10 2033 \$ 550.00
	Description of Expenditure
2915 Parkway Boulevard	reimburse contribution to
Mailing Address 2915 Parkway Boulevard City Allestown State Zip Code (Plus 4) BA 18104 -	Lehigh County Densocratic Committee
To Whom Paid Friends of Mike Schlossberg	MO. DAY YEAR Amount 12 10 2023 \$ 1000 00
	Description of Expenditure
are in ignance of the en	Contribution
City Allertown State Zip Code (Plus 4) PA 18104 -	
To Whom Beid	MO. DAY YEAR Amount
Susan Wild for Congress	12 10 2023 \$ 1000,00
	Description of Expenditure
1636 N. Cedar Crest BIVD # 183	Contribution
Allentown PA 1804 -	
	MO. DAY YEAR Amount
Brace for Lehigh	12 10 2023 \$ 1000,00
Mailing Address	Description of Expenditure
To Whom Paid Brace for Lehigh Mailing Address 227 N. 9th St. City State Zip Code (Plus 4)	Contribution
City Allentown PA 18101 -	
To Whom Paid	MO. DAY YEAR Amount
Friends of Peter Schweyer	12 10 2023 \$ 2000.00 Description of Expenditure
Mailing Address Box 4364	Contribution
City Allentown PA 18105 -	
To Whom Paid	MO. DAY YEAR Amount
Citizens for Gavin Holihan	12 10 2023 \$ 500.00
Mailing Address	Description of Expenditure
Box 758	Contribution
Trexlectary PA 18087-	
	MO. DAY YEAR Amount
To Whom Paid CALV Second Harvest	12 10 2023 \$ 500,00
1337 E. Fifth Street	Description of Expenditure Contribution
City Bethlehem State Zip Code (Plus 4)	
To Whom Paid	MO. DAY YEAR Amount 500 00
Allentown Ecumenical Foodbank Mailing Address	12 10 2023 \$ Sec. 00 Description of Expenditure
417 N. 14th St. #101	Contr. bution
City Allentown PA 18102-	
THENTOWN PHI 10 LOS	In or work
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page 1	age, Item D. \$7050.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Jeff Glazier	From 1/1/2023 To 12/31/2023
Themas of Jett Grader	
To Whom Paid	MO. DAY YEAR Amount 500,00
Fund to benefit Children	12 10 2022 \$ 500,00
BALISSA A ANDRONA	Description of Expenditure
904 Wittighland St.	Contribution
City State Zip Code (Plus 4)	
Whitehall R4 18100-	
	L. Amount
Friends of Nick Miller	MO. DAY YEAR Amount \$ /200.00
20 111 A 22	Description of Expenditure
Mailing Address Box 1799	
City State Zip Code (Plus 4)	Contribution
Allentown PA 18105 -	
174 18105 -	
To Whom Paid	MO. DAY YEAR Amount 500 00
Allentour Police Athletic League	
Mailing Address	Description of Expenditure
Mailing Address 425 W. Hamilton Street	Contribution
Alleutown PA 18101 -	
T. W D.14	MO. DAY. YEAR Amount 500,00
Allectown School District Foundation	12 10 2023 \$ 500,00
Mailing Address	Description of Expenditure
Mailing Address 31 S. Penn St.	Contribution
City State Zip Code (Plus 4)	
Alleutous PA 18/01 -	
To Miles Poid	MO. DAY YEAR Amount
PA Public Library Association	MO. DAY YEAR Amount \$ 500,00
Mailing Address	Description of Expenditure
1210 Hamilton Street	Contribution
City State 7 in Code (Dive 4)	001111111111111111111111111111111111111
Allentown PA 18102-	
	MO DAY YEAR AMOUNT
Jeff Glazier	MO. DAY YEAR AMOUNT 12 15 2023 \$ 31.05
	Description of Expenditure
2915 Party to Bruker	Passack con 13th a second
City State Zip Code (Plus 4)	Reinburge notary expense
To Whom Paid	MO. DAY YEAR AMOUNT \$ 500.00
Lehyh County Democratic Comm.	
Mailing Address Box 63	Description of Expenditure
	Contribution
Allentown PA 18105-	
Allentown PA 18105-	
To Whom Paid Friends of Peter Schueger Mailing Address Box 4364 City State Zip Code (Plus 4) PA 18/05-	MO. DAY YEAR Amount \$ 05.93
menas or refer senueyer	10 10 10 1
Mailing Address	Description of Expenditure
DOX 730 T	Contribution
City State Zip Code (Plus 4)	
Allentown PA 18105-	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	age, Item D. 422/ 98
Title Cialia I Arm At muhalianana An Lago Il Mohalt AA401 Le	age, Item D. \$4336.98

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			Reporting	Period	- 12/	
Friends of Jeff Glazier				11/2	2023 TO 12/31/202	
77000000	MUC					
Name of Creditor		CONTRACTOR IN			Outstanding Balance of Deb	
					\$	
Mailing Address	DATE	MO.	DAY	YEAR	-	
	DEBT INCURRED	771.07		1 447 113		
City		State	Zip Code	(Plus 4)		
			_			
Description of Debt						
Name of Creditor					Outstanding Balance of Deb	
Mailing Address	1 1 1 1 1	1	1	F Auent	\$	
Maining Addiess	DATE	MO.	DAY	YEAR		
City	INCURRED	State	Zip Code	(Dive 4)		
 ,		State	Zip Code	(F105 4)		
Description of Debt						
wow, prior or sour						
Name of Creditor	STATE OF THE STATE	5755 EST	JF: -17		Outstanding Balance of Debi	
					\$	
Mailing Address	DATE	MO.	DAY	YEAR	-	
	DEBT	111.01	Joeth	1 MCU1		
City	Medines	State	Zip Code	(Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
					\$	
Mailing Address	DATE	MO.	DAY	YEAR		
6.0	INCURRED					
City		State	Zip Code	(Plus 4)		
Description of Debt						
bestription of best						
Name of Creditor						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE	Mo.	DAY	YEAR	3	
	DEBT		wa(x),			
City	THOUTHED	State	Zip Code	(Plus 4)		
Description of Debt						
Name of Creditor			-10-		Outstanding Balance of Debt	
					\$	
Mailing Address	DATE DEBT	MO.	DAY	YEAR		
	INCURRED					
City		State	Zip Code	(Plus 4)		
Description of Debt						
Description of Desc						
		A STATE OF THE STA		K1 25-4-		
					PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				\$ ~~		
				0 ~		