

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	
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	Allentown Controller		D	MO. DAY YEAR 11 7 23
	2ND FRIDAY PRE-PRIMARY				
	30 DAY POST-PRIMARY				
	6TH TUESDAY PRE-ELECTION				
	2ND FRIDAY PRE-ELECTION				
	30 DAY POST-ELECTION				
ANNUAL REPORT					
DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
MO. DAY YEAR		MO. DAY YEAR			
6 6 23		10 23 23			
CASH BALANCE AT END OF REPORTING PERIOD:		\$		2	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0	
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' 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  
 26 DAY OF Oct 20 23  
 SIGNATURE  
 MY COMMISSION EXPIRES 9 14 26  
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT  
 JEFF GLAZIER  
 PRINTED NAME  
 AREA CODE 610 DAYTIME TELEPHONE NUMBER 657-8507

**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 107486