### Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible	a. It may b	e typed or printed in	blue or black i	nk.)
Filer Identification Number:  Repor		CANDIDATE 1.	COMMITTEE	LOBBYIST 3
Name of Filing Committee, Candidate or Lobbylst:	of a	Jeff Glaz	ier	
Street Address: 159 Hamilton Street				
City: Allentown		State: PA	Zip Code: 18	701-
TYPE OF REPORT  (place X to the right of report type)  6TH TUESDAY PRE-PRIMARY  6TH TUESDAY PRE-PRIMARY  4. 2ND FRIDAY PRE-ELECTION  7. YEAR	5.	3 DAY OST PRIMARY  6.  ING METHOD CHECK ONE	AMENDMENT REPORT?  TERMINATION REPORT?  PAPER	YES NO NO NO DISKETTE
Name of Office Sought by Candidate: Allentown City Council		DATE OF ELECTION  MO. DAY YEAR  05 19 2015	(SEE I	code code 14 Dem 30 NSTRUCTIONS FOR CO
Summary of Receipts and Expenditures from:  MO. DAY VEAR  05 05 2015	то	MO. DAY YEAR 06 08 2015	FOR OF	FICE USE ONLY
A. Amount Brought Forward From Last Report     B. Total Monetary Contributions and Receipts (From Schedule I)		727.83		
C. Total Funds Available (Sum of Lines A and B)	-	32.75.00 1002.83		
D. Total Expenditures (From Schedule III)	/	099.00		
E. Ending Cash Balance (Subtract Line D from Line C)	J	903.83		
F. Value of In-Kind Contributions Received (From Schedule II)		5126.83		
G. Unpaid Debts and Obligations (From Schedule IV)		0.00		
AFFIDA	VIT SECT	ION	X 5 (5) (4) (5) (6)	
PART I - If this is a Committee report, treasurer sign here.  I swear (or affirm) that this report, including the attached schedules, on	2. 3.00-2.00			Partition of the Control of the Cont
Sworn to and subscribed before me this  COMMONWEALTH OF  NOTARIAL  EVELYN J. GARCIA  City of Alfonown I  My Commission expires  Mo. DAY  YR.	SEAL Notary Pu	blich drew C	Allein Ferson Submitti L We ISS Printed Name 434	ng Report
PART the It this is a report of a Candidate's Authorized Con	nmittee, c	andidate shall sign her	e.	
I swear for affirm) that to the best of my knowledge and belief this polynomia. No. 320) as amended.  Short to and subscribed before me this  day of Signature  Signature  MO. DAY YR.	} _	A la	ture of Candidate  Printed Name	Elephone Number
Department of State Bureau of 210 North Office Building Harrisbi				

PAGE 2 OF 12

### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Traine of Thing Committee of Committee	Reporting Period From 05/05/2015 To 06/08/2015
Friends of Jeff Glazier	From \$3/03/2015 18 00/00/12

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ 25.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 250,00
TOTAL for the Reporting Period (2)	\$ 250,00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 3000.00
All Other Contributions (Part D)	\$ 0,00
TOTAL for the Reporting Period (3)	\$ 3000,00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHEC	KS, ETC	: (FROM PART E)
TOTAL for the Reporting Period	(4)	\$ 8000

boxes (, 2, a bite (, bree bite) time amedia to rage (, hepsil	\$ 3275,00
Cover Page, Item B.)	

#### 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.

Name of Filing Committee or Candidate	<i>-</i>			From (	5/05	120150 06/08/205
Friends of Jeff Glazi	ev				7700	
			Mo.	DATE	YEAR	AMOUNT
Full Name of Contributing Committee			THE WILL			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			MO.	DAY	YEAR	
Full Name of Contributing Committee						\$
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 Alama of Contributing Committee			MO.	DAY	AVGA; ES	
Full Name of Contributing Committee			and intern	UXI	SESSEC AGES	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contribution Committee	-		I I Mo	DAY	YEAR	
Full Name of Contributing Committee					TEAN)	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		7	MO.	DAY	YEAR -	
Matthew Address			Prince of the last		5-1-7-5-4-2	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	AU TO THE TOTAL PARTY OF THE PA
Mailing Address			Total Manager	THE RESIDENCE ASSESSED.	Title to the first	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MOA	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	a DAY	YEAR -	Ψ
	5.33,10		-104m	FIREDATSE	an Banasa	\$
Fotos Crowd Total of Box A - C 1	J	D-4-11 O-		0 11		PAGE TOTAL
Enter Grand Total of Part A on Schee	uie I	, Detailed Summary	/ rage	, Section	n 2.	\$ 0,00

PAGE 4 OF 12

## 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		
Friends of Jeff Glazi	er			From O	5/05/	2015 TO 06/08/2015
				DATE		AMOUNT
Full Name of Contributor Dehova Poh			MO.	DAY 15	2015	\$ 250.00
Mailing Address	21.70		MO.	DAY	YEAR	
2930 Liberty	S.t.	Zip Code (Plus 4)				\$
Mailing Address 2930 Liberty.  Allentown	PA	12104-	MO.	DAY	YEAR	\$
Full Name of Contributor		WE TO SHEET WE THE SHEET OF	Mo.	DAY	<b>M</b> YO'ARG	\$
Mailing Address			MO.	DAY	YEAR	*
, and the second						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			i	DAY	YEAR	
					- M M M M M M M M.	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	EXPARE	\$
Mailing Address			MO	DAY	YEARS	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	EYEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			110	- CANA	THE RES	\$
maining Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR	
						\$
Full Name of Contributor			(10 mm)	DAY	YEAR	\$
Mailing Address		*	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	DAY	VEAD	
		_	38.5910.			\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	- YEAR	
			2.5.11.11.1			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO_	DAY	YEAR	# = F = "#=====
				DESIGNATION OF THE PERSON OF T	The state of the s	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
						PAGE TOTAL
Enter Grand Total of Part B on School	lule I,	<b>Detailed Summary</b>	Page	. Section	2.	\$ 250,00

#### 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	From 05/08/2015 To 06/08/20					
Friends of Jeff Glazier			From <u>O</u> .	J/ 7 (		0 26/169/21/2
			DATE	Name and the		AMOUNT
Full Name of Contributing Committee		мо. 05	DAY O5	2 UIS	\$	500,00
Mailing Address	ver!	MO.	DAY	YEAR		0001-
2 Cota Center Suite 60	00	05	15	2015	\$	2500,00
City Allentown PA	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)	мо.	DAY	YEAR	\$	
Full Name of Contributing Committee	P216	MO.	DAY	YEAR	\$	
Mailing Address		мо.	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	\$	
	-			- Indigent 1 f	\$	
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	2.74	MO.	DAY	YEAR	\$	
Malling Address		MO.	DAY	YEAR	\$	
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee		мо	DAY	SYFAR	\$	
Mailing Address		MO.	DAY	YEAR	\$	
City State Zip	Code (Plus 4)	MO <sub>nda</sub>	DAY	YEAR	\$	
Full Name of Contributing Committee	V:_3	MO.	EDAYES	-YEAR-	\$	
Mailing Address	S	MO.	DAY	YEAR	\$	
City State Zip	Code (Plus 4)	MO,	DAY	YEAR	\$	
THE PROPERTY OF THE PROPERTY O	10 A # 12 10 X				PAGE	TOTAL
Enter Grand Total of Part C on Schedule I, Detail	ed Summary P	age,	Section	3,	\$ 3	3000,00

PAGE 6 OF 12

Reporting Period

# 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

Friends of Jeff Glazier	From 05/05	12010 06/08/2015
	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	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MOY DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO SODAY SYFARS	\$
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	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MO. ZDAY 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	MOES DAY EYEAR	\$
Mailing Address	MO	\$
City State Zip Code (Plus 4)	MO, SEDAYA SEYEARS	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

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

PAGE TOTAL
\$ 0,00

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	-			From	5/05/	2015 To 06/08/2013
Füll Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		_				\$
Hadespt Description			HATE I		= 2.71	
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
Clty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name	V III-					
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	e Year	Amount
Receipt Description		S <del>=</del> 2				\$
			=			
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
Ballata Danasianian		_				\$
Receipt Description						
Full Name						
Malling Address						
City	State	Zip Code (Plus 4)	MOHE!	# DAY	\$/#A.E.	Amount \$
Receipt Description						
						PAGE TOTAL
Enter Grand Total of Part E on Sched	ule I.	Detailed Summary	Page.	Section	١ 4.	\$ 0.00

Name of Filing Committee or Candidate

### SCHEDULE II

PAGE 8 OF /2

## 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	od
Friends of Jeff Glazier	From <u>05/</u>	05/2015 TO 06/08/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	PART F)
TOTAL for the Reporting Period	d (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G	
TOTAL for the Reporting Period	d (3)	\$ 15126.83
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,		\$ 15126.83

and 3; also enter on Page 1, Report Cover Page, Item F.)

### SCHEDULE II PART F

### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting	Period	
Friends of Jeff Glazier From 05/0					5/05	1201500 06/08/205
THE TEST OF THE TE				DATE	-7.00	AMOUNT
Full Name of Contributor			Mo.	THE PERSON NAMED IN	- YEAR-	T CONTRACTOR OF THE PARTY OF TH
					- Commission	\$
Mailing Address				DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	1		_1		1	
Full Name of Contributor			Towns and	-1	Lygan	Harting and the second
Tun Name of Commodel			SWO:	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
						Ψ
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Description of Contribution:					•	
Full Name of Contributor			MO.	DAY	YEAR	
			1071/317.2			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY -	YEAR	
Description of Contribution:		<del></del>			,	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO	- DAY	YEAR	\$
City	State	Zip Code (Plus 4)		DAY	YEAR	
		-	12.23.10TO.5	DAI	FEAR	\$
Description of Contribution:		-			•	
Full Name of Contributor			MO.	DAY	YEAR	A STATE OF THE STA
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Description of Contribution:			L			
			-/			
Full Name of Contributor			MO.	DAY	HY/PATE	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Charles and Section	N SINGER	Take the	
3.17	State	Zip Code (Flus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
			W - E			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed						PAGE TOTAL
Summary Page, Section 2.						\$ 0.00

PAGE 10 OF 12

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Friends of Jeff Gazier  From OS/OY/LOUTO ON/OR/LOUT  Fall Name of Contributor  Valing Address  Store  From OS/OY/LOUTO ON/OR/LOUT  AMOUNT  Fall Name of Contributor  Employer of Contributor  Fall Name	Name of Filing Committee or Candidate	3			Reporting	Period			
AMOUNT Full Name of Contributor C_i_t_zen_ for a Better Allean but  SMO: DAY YEAR S	Friends of Jeff Glazier				From C	5/05/	2015 TO DG/08/2015		
State Zip Code (Plus 4)  Employer of Contributor  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Employer of Contributor  Employer of Contributor  Employer of Contributor  Mo: DAY: YEAR: \$  Employer of Contributor  Employer of Contributor  Mo: DAY: YEAR: \$  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Pri					DATE		AMOUNT		
State   Zip Code   Plus 4    Mov.   DAY.   YEAR     State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Mov.   DAY.   YEAR   State   Zip Code   Plus 4    Zip Code   Plu	Full Name of Contributor	0-	Ha Allanton	MO.	-		\$ 15174 83		
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Employer of Contributor  Employer Mailing Address/Principal Place of Business  City  State  State  Zip Code (Plus 4)  Description of Contribution  Campaign Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  Description of Contribution  Description of Contribution  Campaign Mailing Address/Principal Place of Business  Description of Contribution  Moling Address/Principal Place of Business  Description of Contribution  Employer of Contributor  Description of Contribution  Description of Contribution  Description of Contribution  Description of Contribution  Employer of Contributor  Moling Address/Principal Place of Business  Description of Contribution  Description of Contribution  Moling Address/Principal Place of Business  Description of Contribution  Employer of Contributor  Description of Contribution  PAGE TOTAL	Allentown	State	Zip Code (Plus 4)  /8/01 -	MO.	DAY	YEAR	\$		
Full Name of Contributor  Full Name of Contributor  State Zip Code (Plus 4) MG DAY YEAR \$  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Full Name of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  PAGE TOTAL		1.4	,	Occupa	rtion				
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Mailing Address  Mailing Address  State  Zip Code (Plus 4)  MG DAY YEAR  SEmployer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  MG DAY YEAR  SMO DAY YEAR  SMO DAY YEAR  SMO DAY YEAR  SEmployer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  Employer of Contributor  Employer Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  MG DAY YEAR  SEmployer of Contributor  Cocupation  Employer Mailing Address/Principal Place of Business  Cescription of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer of Contributor  Employer of Contributor  Employer of Contributor  Description of Contribution  PAGE TOTAL				Ca	mpaigr	mail.	ings, lawn signs		
Employer of Contributor  Employer of Contributor  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Employer of Contributor  Employer Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  Description of Contribution  Employer Mailing Address/Principal Place of Business  Employer of Contributor  Employer of Contributor  Description of Contribution  City  State  Zip Code (Plus 4)  MG. DAY YEAR  \$  Employer of Contributor  Description of Contribution  Cocupation  Cocupation  Cocupation  Description of Contribution  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer of Contributor  MO. DAY YEAR  \$  Employer of Contributor  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  PAGE TOTAL	Full Name of Contributor			-MO.	E SDAYES	YEAR	\$		
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Summary Page, Section 3. \$ 15126.83	Enter Grand Total of Part G on Schedule II, In-Kind Contributio Summary Page, Section 3.				etailed		\$ 15126.83		

DSEB-502 (7-99)

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting		,	,
Friends of Jeff Glazier				From _	25/05/	2015 TO	06/08/2015
1 Professor	- "						
To Whom Paid Citizens for a Bet	ter	Allentown	мо. 05		YEAR 2015	Amount \$	500,00
Mailing Address 840 W. Hamilton S	<i>it.</i> ,	Suite 320	Descrip	otion of Exp	penditure		
Allentown	State	Zip Code (Plus 4)					
To Whom Paid Citizens for a Better	AI	lentown	мо. 05	12	2015	Amount \$	2500.00
Mailing Address 840 W. Ltamilton S	7.	Suite 320	Descrip	ition of Exp	enditure		
Mailing Address 840 W. Ltam. Iton S City Allentown	State	Zip Code (Plus 4)  8101 -					
To Whom Paid Friends of Bill CI	uck		МО. <i>О</i> 5		YEAR 2015	Amount \$	50.00
P.O. Box 53			Descrip	tion of Exp	enditure		
Harrisburg	State	Zip Code (Plus 4)					
To Whom Paid Jeff Glazier			M0.		YEAR 2015	Amount \$	49.00
Mailing Address 2915 Parkway Boy	levo	ird	Descrip	tion of Exp	enditure	it fo	rpostage
Allentown	State	Zip Code (Plus 4)   8104					
To Whom Paid			⊞ MO.	DAY	YEAR	Amount \$	
Mailing Address		5 5	Descrip	tion of Exp	enditure		7
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	893	Amount \$	
Mailing Address			Descrip	tion of Exp	enditure		
City	State	Zip Code (Plus 4)	,				
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descrip	tion of Exp	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	- FONE	YE CR	Amount \$	
Mailing Address			Descrip	tion of Exp	enditura		
City	State	Zip Code (Plus 4)					
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Enter Grand Total of Expenditures on Pag	ge 1, I	Report Cover Pa	age, It	em D.		\$ 30	09.00

PAGE 12 OF 12

## 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		1	Reporting P	eriod Voʻt	1201500 06/08/2015
Friends of Jeff Glazier	W		Prom _Us	1,001	401310 <u>407407261</u> 7
Name of Creditor	<del>//</del>			=	Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code (P	lus 4)	
Description of Debt					
Name of Creditor				gill III	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	Mo.	DAY	YEAR	\$
City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code (P	lus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	мо.	DAY	YEAR	
City	MODINED	State	Zip Code (P	lus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (P)	lus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (PI	us 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	EAR	
City	INCURRED	State	Zip Code (PI	us 4)	
Description of Debt					
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					1