

# CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Jeff Glazier</u>									
Street Address: <u>159 Hamilton Street</u>									
City: <u>Allentown</u>				State: <u>PA</u>		Zip Code: <u>18101-</u>			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY 1.		2ND FRIDAY PRE-PRIMARY 2.		30 DAY POST PRIMARY 3. <input checked="" type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	9TH TUESDAY PRE-ELECTION 4.		2ND FRIDAY PRE-ELECTION 5.		30 DAY POST ELECTION 6.		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT 7.		YEAR <input type="checkbox"/>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		

Name of Office Sought by Candidate: <u>Allentown City Council</u>				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR	<u>15</u>	<u>0714</u>	<u>Dem</u>	<u>39</u>
				<u>05</u>	<u>19</u>	<u>2015</u>	(SEE INSTRUCTIONS FOR CODES)			

Summary of Receipts and Expenditures from:	MO. DAY YEAR			To	MO. DAY YEAR			FOR OFFICE USE ONLY			
	<u>05 05 2015</u>			To	<u>06 08 2015</u>						
	A. Amount Brought Forward From Last Report				\$	<u>3727.83</u>					
	B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<u>3275.00</u>					
	C. Total Funds Available (Sum of Lines A and B)				\$	<u>7002.83</u>					
	D. Total Expenditures (From Schedule III)				\$	<u>3099.00</u>					
	E. Ending Cash Balance (Subtract Line D from Line C)				\$	<u>3903.83</u>					
	F. Value of In-Kind Contributions Received (From Schedule II)				\$	<u>15126.83</u>					
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<u>0.00</u>						

**AFFIDAVIT SECTION**

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 16th day of June 2015

NOTARIAL SEAL  
EVELYN J. GARCIA, Notary Public  
City of Allentown, Lehigh County  
My Commission Expires June 22, 2015

Signature: [Signature] Printed Name: Andrew J. Weiss

My commission expires 06 22 2015 MO. DAY YR.

Area Code: 610 Daytime Telephone Number: 434-2637

**PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 (Act No. 320) as amended.

and subscribed before me this 16th day of June 2015

Signature: [Signature] Printed Name: Jeff Glazier

My commission expires 09 14 18 MO. DAY YR.

Area Code: 610 Daytime Telephone Number: 657-8807

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>05/05/2015</i> To <i>06/08/2015</i>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <i>25.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <i>0.00</i>
All Other Contributions (Part B)	\$ <i>250.00</i>
TOTAL for the Reporting Period	(2) \$ <i>250.00</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <i>3000.00</i>
All Other Contributions (Part D)	\$ <i>0.00</i>
TOTAL for the Reporting Period	(3) \$ <i>3000.00</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <del>3000.00</del> <i>0.00</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>3275.00</i>
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I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would make this report misleading, incomplete or otherwise inaccurate.

**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>Friends of Jeff Glazier</i>	Reporting Period From <i>05/05/2015</i> to <i>06/08/2015</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ *0.00*

## PART B 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 <b>Friends of Jeff Glazier</b>	Reporting Period From <b>05/05/2015</b> to <b>06/08/2015</b>
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	DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	
<b>Debora Roberson</b>	05	15	2015	\$ 250.00
Mailing Address <b>2930 Liberty St.</b>	MO.	DAY	YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18104-</b>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

PAGE TOTAL  
\$ **250.00**

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.



**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 <b>Friends of Jeff Glazier</b>	Reporting Period From <b>05/05/2015</b> to <b>06/08/2015</b>
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				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				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				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.	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							

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

PAGE TOTAL  
\$ 0.00

## 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.

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>05/05/2015</i> To <i>06/08/2015</i>
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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						
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						
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						

PAGE TOTAL	\$ <u>0.00</u>
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Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.



# 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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>05/05/2015</i> To <i>06/08/2015</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <i>0.00</i>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ <i>0.00</i>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ <i>15126.83</i>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>15126.83</i>
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**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>05/05/2015</i> to <i>06/08/2015</i>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ 0.00

SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>05/05/2015</i> To <i>06/08/2015</i>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
<i>Citizens for a Better Allentown</i>	<i>05</i>	<i>06</i>	<i>2015</i>				\$ <i>15126.83</i>
Mailing Address <i>840 W. Hamilton St., Suite 320</i>							\$
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18101 -</i>					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution <i>Campaign mailings, lawn signs</i>			
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				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				Occupation			
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				Occupation			
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				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL  
\$ *15126.83*

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>Friends of Jeff Glazier</b>	Reporting Period From <b>05/05/2015</b> To <b>06/08/2015</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>Citizens for a Better Allentown</b>	05	08	2015	\$ 500.00
Mailing Address: <b>840 W. Hamilton St., Suite 320</b>				
Description of Expenditure:				
City: <b>Allentown</b>	State: <b>PA</b>		Zip Code (Plus 4): <b>18101-</b>	
<b>Citizens for a Better Allentown</b>	05	12	2015	\$ 2500.00
Mailing Address: <b>840 W. Hamilton St., Suite 320</b>				
Description of Expenditure:				
City: <b>Allentown</b>	State: <b>PA</b>		Zip Code (Plus 4): <b>18101-</b>	
<b>Friends of Bill Cluck</b>	05	08	2015	\$ 50.00
Mailing Address: <b>P.O. Box 53</b>				
Description of Expenditure:				
City: <b>Harrisburg</b>	State: <b>PA</b>		Zip Code (Plus 4): <b>17108</b>	
<b>Jeff Glazier</b>	06	01	2015	\$ 49.00
Mailing Address: <b>2915 Parkway Boulevard</b>				
Description of Expenditure: <b>Reimbursement for postage</b>				
City: <b>Allentown</b>	State: <b>PA</b>		Zip Code (Plus 4): <b>18104</b>	
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
Description of Expenditure				
City	State		Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
Description of Expenditure				
City	State		Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
Description of Expenditure				
City	State		Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
Description of Expenditure				
City	State		Zip Code (Plus 4)	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

<b>PAGE TOTAL</b>
<b>\$ 3099.00</b>

**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 <i>Friends of Jeff Glazier</i>	Reporting Period From <i>05/05/2015</i> To <i>06/08/2015</i>
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Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <i>0.00</i>
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