

Commonwealth of Pennsylvania
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"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JEFF GLAZIER										
Street Address: 159 HAMILTON STREET										
City: ALLENTOWN					State: PA		Zip Code: 18101-			
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.} <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>			
	8TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>			
	ANNUAL REPORT ^{7.}	YEAR	FILING METHOD () CHECK ONE	PAPER	<input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate: ALLENTOWN CITY COUNCIL				DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
				MO.	DAY	YEAR	15	0TH	DEM	39
				05 21 2013		(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
		05	07	2013	To	06	10	2013		
A. Amount Brought Forward From Last Report		\$		4973.75						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		675.00						
C. Total Funds Available (Sum of Lines A and B)		\$		5648.75						
D. Total Expenditures (From Schedule III)		\$		2809.67						
E. Ending Cash Balance (Subtract Line D from Line C)		\$		2839.08						
F. Value of In-Kind Contributions Received (From Schedule II)		\$		0.00						
G. Unpaid Debts and Obligations (From Schedule IV)		\$		0.00						

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 19 day of June 2013

Signature: Sandra L. Weir Signature of Person Submitting Report: Andrew J. Weiss

My commission expires 9 26 2013 610 434-2637

MO. DAY YR. Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 SANDRA L. WEIR, NOTARY PUBLIC
 CITY OF ALLENTOWN, LEHIGH COUNTY
 MY COMMISSION EXPIRES SEPTEMBER 26, 2013

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 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 26th day of June 2013

Signature: Jeff Glazier Signature of Candidate: Jeff Glazier

My commission expires 11 24 2013 610 657-8507

MO. DAY YR. Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF JEFF GLAZIER	Reporting Period From <u>5/7/2013</u> To <u>6/30/2013</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>125.00</u>

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0.00</u>
All Other Contributions (Part D)	\$ <u>300.00</u>
TOTAL for the Reporting Period	(3) \$ <u>300.00</u>

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

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.)	\$ <u>675.00</u>
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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 FRIENDS OF JEFF GLAZIER	Reporting Period From 5/7/2013 To 6/10/2013
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Committee to Elect Dan McCarthy Judge	05	08	2013	\$ 250.00
Mailing Address 435 Business Park Ln	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18109 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 250.00

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 FRIENDS OF JEFF GLAZIER	Reporting Period From 5/7/2013 To 6/10/2013
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL
\$ 0

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

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 or Candidate FRIENDS OF JEFF GLAZIER	Reporting Period From 5/7/2013 to 6/10/2013
---	--

	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)				\$

PAGE TOTAL	\$ <u>0</u>
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**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 FRIENDS OF JEFF GLAZIER	Reporting Period From 5/2/2013 To 6/10/2013
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
David and Kathy Patterson	05	14	2013	\$ 300.00
Mailing Address 2820 W. Gordon St.	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18104-4851	MO.	DAY	YEAR	\$
Employer Name 2820 W. Gordon St.	Occupation retired			
Employer Mailing Address/Principal Place of Business Allentown, PA 18104-4851				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	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	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	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	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 \$ 300.00

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 FRIENDS OF JEFF GLAZIER	Reporting Period From <u>5/7/2013</u> To <u>6/10/2013</u>
---	--

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						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

PAGE TOTAL	\$ <u>0</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 FRIENDS OF JEFF GLAZIER	Reporting Period From <u>5/7/2013</u> To <u>6/10/2013</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ 0
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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 FRIENDS OF JEFF GLAZIER	Reporting Period From 5/7/2013 To 6/10/2013
---	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	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 \$ <u>0</u>

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

Name of Filing Committee or Candidate FRIENDS OF JEFF GLAZIER	Reporting Period From 5/7/2013 To 6/15/2013
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
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	0
\$	0

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF JEFF GLAZIER	Reporting Period From 5/7/2013 To 6/10/2013
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To Whom Paid	MO.	DAY	YEAR	Amount
The WS Group LLC	05	07	2013	\$ 2809.67
Mailing Address P.O. Box 391	Description of Expenditure Glazier for Council literature			
City Harrisburg	State PA	Zip Code (Plus 4) 17108 -		
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)		
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.

PAGE TOTAL
\$ 2809.67

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 FRIENDS OF JEFF GLAZIER					Reporting Period From <u>5/7/2013</u> To <u>6/10/2013</u>		
---	--	--	--	--	--	--	--

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	\$ <u>0</u>
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