

# 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 <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Jeff Glazier</b>						
STREET ADDRESS <b>2915 Parkway Blvd</b>						
CITY <b>Allentown</b>		STATE <b>PA</b>	ZIP CODE <b>18104</b>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	<b>Attn City Council</b>		<b>15</b>	<b>Dem</b>	NO.	DAY
	6TH TUESDAY PRE-PRIMARY				<b>11</b>	<b>05</b>
	2ND FRIDAY PRE-PRIMARY				YEAR	
	30 DAY POST-PRIMARY				<b>13</b>	
	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				
<b>6 10 13</b>		<b>10 21 13</b>				
CASH BALANCE AT END OF REPORTING PERIOD:		\$		<b>[Signature]</b>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		<b>[Signature]</b>		
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's 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  
**24<sup>th</sup>** DAY OF **October** **2013**  
**Nidia E. Whiteman**  
 SIGNATURE  
 MY COMMISSION EXPIRES **11 23 17**  
 MO. DAY YR.

**[Signature]**  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**Jeff Glazier**  
 PRINTED NAME  
**610** **610-657-8507**  
 AREA CODE DAYTIME TELEPHONE NUMBER

### PART II -

COMMONWEALTH OF PENNSYLVANIA

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

**Nidia E. Whiteman, Notary Public**  
 City of Allentown, Lehigh County  
 My Commission Expires **Nov 23, 2017**  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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.S. 1333-101) AND IS REGISTERED.

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

# 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: <span style="border: 1px solid black; padding: 2px;"> </span>		Report Filed By: <span style="border: 1px solid black; padding: 2px;"> </span>		CANDIDATE <sup>1.</sup> <input type="checkbox"/>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>		
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>				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>		2ND FRIDAY PRE-PRIMARY <sup>2.</sup>		30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup> <input checked="" type="checkbox"/>		30 DAY POST ELECTION <sup>6.</sup>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	ANNUAL REPORT <sup>7.</sup>		YEAR <span style="border: 1px solid black; padding: 2px;"> </span>		FILING METHOD ( ) CHECK ONE <span style="border: 1px solid black; padding: 2px;"> </span>		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>11 5 2013</u>		<u>15</u>	<u>OTH</u>	<u>DEM</u>	<u>39</u>
(SEE INSTRUCTIONS FOR CODES)										
FOR OFFICE USE ONLY										
Summary of Receipts and Expenditures from:			MO. DAY YEAR		MO. DAY YEAR					
			<u>06 10 2013</u>		To <u>10 21 2013</u>					
A. Amount Brought Forward From Last Report			\$		<u>2839.08</u>					
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		<u>0.00</u>					
C. Total Funds Available (Sum of Lines A and B)			\$		<u>2839.08</u>					
D. Total Expenditures (From Schedule III)			\$		<u>600.00</u>					
E. Ending Cash Balance (Subtract Line D from Line C)			\$		<u>2239.08</u>					
F. Value of In-Kind Contributions Received (From Schedule II)			\$		<u>0.00</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 23<sup>rd</sup> day of OCTOBER 2013

Kimberly A. Wellner Signature

My commission expires 01 15 16 MO. DAY YR.

Andrew J. Weiss Signature of Person Submitting Report

Andrew J. Weiss Printed Name

610 Area Code 434-2637 Daytime Telephone Number

**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 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 24<sup>th</sup> day of October 2013

Nidia E. Whiteman Signature

My commission expires 11 23 17 MO. DAY YR.

Jeff Glazier Signature of Candidate

Jeff Glazier Printed Name

610 Area Code 657-8507 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
KIMBERLY A. WELLNER, NOTARY PUBLIC  
CITY OF ALLENTOWN, LEHIGH COUNTY  
MY COMMISSION EXPIRES JANUARY 15, 2016

Notarial Seal  
Nidia E. Whiteman, Notary Public  
City of Allentown, Lehigh County  
My Commission Expires Nov 23 2016

Department of State • Bureau of Commissions, Elections and Legislation  
Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier.</i>	Reporting Period From <i>6/6/2013</i> To <i>10/21/2013</i>
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To Whom Paid <i>Friends of Rashid Santiago</i>	MO. <i>10</i>	DAY <i>02</i>	YEAR <i>2013</i>	Amount \$ <i>100.00</i>
Mailing Address <i>Box 141, 3140 Tilghman St</i>		Description of Expenditure <i>Contribution to Political Committee</i>		
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104</i>		
To Whom Paid <i>Friends of Peter Schweyer</i>	MO. <i>10</i>	DAY <i>10</i>	YEAR <i>2013</i>	Amount \$ <i>500.00</i>
Mailing Address <i>PO Box 391</i>		Description of Expenditure <i>Contribution to Political Committee</i>		
City <i>Harrisburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17108 -</i>		
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.	<b>PAGE TOTAL</b> \$ <i>600.00</i>
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# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Jeff Glazier</i>	Reporting Period From <i>6/10/2013</i> To <i>10/21/2013</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>0</i>
All Other Contributions (Part D)		\$ <i>0</i>
TOTAL for the Reporting Period	(3)	\$ <i>0</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ <i>0</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>0</i>
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