

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 ²	LOBBYIST ³				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Jeff Skazion								
STREET ADDRESS 2915 Parkway Blvd								
CITY Allentown		STATE PA	ZIP CODE 1804-					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
	Allentown City Council			D	MO.	DAY	YEAR	
	6TH TUESDAY PRE-PRIMARY	1.				11	03	2015
	2ND FRIDAY PRE-PRIMARY	2.				FOR OFFICE USE ONLY		
	30 DAY POST-PRIMARY	3.						
	6TH TUESDAY PRE-ELECTION	4.						
	2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7. <input checked="" type="checkbox"/>							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		01	01	2015	TO	12	31	2015
CASH BALANCE AT END OF REPORTING PERIOD:				\$	0			
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'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

____ DAY OF _____ 20__

SIGNATURE OF PERSON SUBMITTING REPORT

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES _____
MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER

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

29 DAY OF Jan 20 16

SIGNATURE OF CANDIDATE

SIGNATURE

Jeff Skazion
PRINTED NAME

MY COMMISSION EXPIRES 9 14 18
MO. DAY YR.

610 657-8507
AREA CODE DAYTIME TELEPHONE NUMBER

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

DSEB-503 (12-99)

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Barbara J. Azar-Noble, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Sept. 14, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES