

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	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <u>JEFF GLAZIOTZ</u>									
STREET ADDRESS <u>2915 Parkway Blvd</u>									
CITY <u>Allentown</u>			STATE <u>PA</u>		ZIP CODE <u>18104</u>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY		<u>Controller City Allentown</u>			<u>D</u>	MO.	DAY	YEAR	
<input type="checkbox"/>						<u>5</u>	<u>16</u>	<u>23</u>	
2ND FRIDAY PRE-PRIMARY						FOR OFFICE USE ONLY			
<input type="checkbox"/>									
30 DAY POST-PRIMARY									
<input type="checkbox"/>									
6TH TUESDAY PRE-ELECTION									
<input type="checkbox"/>									
2ND FRIDAY PRE-ELECTION									
<input type="checkbox"/>									
30 DAY POST-ELECTION									
<input type="checkbox"/>									
ANNUAL REPORT									
<input checked="" type="checkbox"/>									
		DATES OF REPORTING PERIOD		NO.		DAY		YEAR	
				<u>1</u>		<u>1</u>		<u>22</u>	
		TO		<u>12</u>		<u>31</u>		<u>22</u>	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$					
		AMENDMENT REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

Commonwealth of Pennsylvania - Notary Seal
 Donna M. Bonilla, Notary Public
 Lehigh County
 My commission expires November 12, 2026
 Commission number 1194639

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
31st DAY OF January 2023

Donna M. Bonilla
 SIGNATURE

MY COMMISSION EXPIRES 11 12 2026
 MO. DAY YR.

Jeff Glaziotz
 SIGNATURE OF PERSON SUBMITTING REPORT

JEFF GLAZIOTZ
 PRINTED NAME

610 657-8507
 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
 _____ DAY OF _____ 20____

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER