

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: JEFF CHAZIER								
STREET ADDRESS: 2915 Parkway Blvd								
CITY: Allentown		STATE: PA		ZIP CODE: 18104 - 5325				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY					Dem	MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY						5	18	21
30 DAY POST-PRIMARY						FOR OFFICE USE ONLY		
6TH TUESDAY PRE-ELECTION								
2ND FRIDAY PRE-ELECTION								
30 DAY POST-ELECTION								
ANNUAL REPORT								
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		11	21	21		05	03	21
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 AND 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 **6th** DAY OF **May** 20**21**

County of Lehigh

SIGNATURE: *[Signature]* PRINTED NAME: **Jeff Chazier**

MY COMMISSION EXPIRES **08/08/2024** MO. DAY YR.

AREA CODE: **610** DAYTIME TELEPHONE NUMBER: **657-8007**

PART II -

If statement is filed on behalf of a candidate's Association, the candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE CANDIDATE 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 OF CANDIDATE: _____

SIGNATURE: _____ PRINTED NAME: _____

MY COMMISSION EXPIRES _____ MO. DAY YR. AREA CODE: _____ DAYTIME TELEPHONE NUMBER: _____

Commonwealth of Pennsylvania - Notary Seal
Iram Ahmed, Notary Public
Lehigh County
My commission expires August 8, 2024
Commission number 1299962
Member, Pennsylvania Association of Notaries