Sec. 7 mer 2

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

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Filer Identifiation	on			oort Filed I ark X)	Ву	Candida	ate	\times	Committee			Lobbyist	
Name of Filing Lobbyist	Committee,	Candidate or		J. W.1):	Reyno	lde					+	
Street Address	1												
City				37 W	Elin	State	Aug	nve	Zip Code	1			
- city	B	ethlehem				Juste	PA		zip code	1801	8	•	
NAME OF OFFIC	E SOUGHT E												
1- 6 th Tuesday Pre-Primary	2- 2 nd Frid Pre-Primar	ay 3- 30 Day Pos y Primary		Tuesday Election	5- 2 nd Frida Pre- Electio		6- 30 Day Post Election		7- Annual	Special 2 nd Friday Pre-Election		Special 30 Day Post-Election	
Date Of Election			Yea	r	1		Amendr	nent		Terminatio	Π		
(MM/DD/YYYY)		05/19/2015			20	15	Report			Report			
Summary of Ree Expenditures	ceipts and	From Date		To Date	e	t			For	Office Use Or	n iy		
cxpendicures		5/6/15		6/0	08/1	5							
A. Amount Brou	ight Forward	d From Last Repor	t	s	C								
B. Total Moneta	iry Contribu	tions and Receipt	; ;	s	53 - 85								
(From Schedule					_ 0								ĺ
C. Total Funds A				\$									
(Sum of Lines A D. Total Expend				6									
(From Schedule				\$ O									1
E. Ending Cash B			-+-	\$									
(Subtract Line D	from Line C)		0									
F. Value of In-Ki		tions Received		\$									
(From Schedule	•	· · · · ·	_	0									
G. Unpaid Debts (From Schedule	-	tions	1		О								
			The Party of the P		and the second	ffidavit Sec	tion			1			
Part 1- If this is a C	ommittee ren	ort, treasurer sign b	ere, if	this is a Can				here,					
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Sworn to and subsc	cribed before	me this											
day of	<u></u> .	20	-	· 1		×		.		_			1.4
				Į.			Signature of Candidate						
S	ignature		-				Printed Name						
M. C.				8									
My Commission ext	MO.	DAY YR.	_				ea Code	-		ma Talashaa		_	ű.
						A			Uayti	me Telephone I	vumber		

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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Number		~		1	Mar	K X)						L					IZY			
Name of Filing Committee, Candidate or					Friends of J. William Reynolds															
Lobbyist						Triend	5 0	T :	. נ	W:11	- 40	<u>~ K</u>	cyn	0105						
Street Address					2	4 1.7	El.	21		1										
City	<u> </u>				3	9 W	61,20	Sta					7:-	Code	1	elene i				
City		Bet	hlehrm					3(4)	re	f	PA		Σι p	Loge	1	1	8018			
NAME OF OFFIC	E SOLICI															-		10.104	and the second	
		10. TO		Ŷ			1	-		-			_		-	Construction of the	-	-	-	
1-6 th Tuesday	2- 2 nd F	riday	3- 30 Day Po	st 4-	6 th T	uesday	5- Z	^{ad} Frie	day		-	Post	7- A	nnual	- 1 · ·		2 nd Friday		cial 30	•
Pre-Primary	Pre-Prin	nary	Primary	Рг	e- El	ection	Pre-	Elec	tion	Elect	ion				Pre	e-Elec	tion	Post	t-Elect	tion
			N/	+	-					T	-		<u> </u>	-	-	-	1	-		7.
			X		1															
Date Of Election				V	ear		<u> </u>			Ame	ndm	ent			Ter	mina	tion			
(MM/DD/YYYY)			5/19/2015	- I -			20	215	- 1	Repo					10	port				
			5/17/2015				1 or c	113								-		1	L	
Summary of Re	ceipts an	d	From Date			To Date	e		10-10-10-10 10-10-10-10-10-10-10-10-10-10-10-10-10-1					For	Offic	e Use	Only		10.11	
Expenditures					4 4				_											
19 - Alia			5/6/15			6/8	1/20	215												
A. Amount Brou	ight Forv	ard F		ort	\$						-			- b - 11- 1						
						33	162	. 5	4											
B. Total Moneta	ary Contr	ibutio	ns and Receip	ts	\$					22										
(From Schedule						<u>_</u> 2, a	270	.0	D											
C. Total Funds A	vailable				\$				-											
(Sum of Lines A						36,0	<u> </u>	. 5	4											
D. Total Expend	litures				\$		1.000		2-000											
(From Schedule)			6. 24		4,0	64	. 1 :	3											
E. Ending Cash E	Balance	911 - 1932 M		0.940	\$															
(Subtract Line D						31,9	68	.41												
F. Value of In-Ki		ibutio	ns Received		\$					2										
(From Schedule						865	0	<u>. 0c</u>		5										
G. Unpaid Debt		igatio	ns		\$		_	_												
(From Schedule	IV)	343 yr.					0.	00	2											
						NEW YORK		fidav												
Part 1- If this is a C		<u> </u>						-			<u> </u>									
I swear (or affirm)	that this r	eport,	including the at	tache	d sch	edules or	n pape	r, is to	the	best of a	my ki	nowled	ge and	belief t	rue, co	orrect	and comple	te.		
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WEMBER. FENN	STLVAN 1	ASSOCI	ATION OF NOTARI	ES																

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
The Constructions of CER DI As COER DO IF		395.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	
		875.00
Total for the reporting period (2)	\$	875.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	S	
		0.00
All Other Contributions (Part D)	\$	1000.00
Total for the reporting period (3)	\$	1000.00
		1000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0,00
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)		2,270.00

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from

\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer	Identification	Number:
-------	----------------	---------

			and procession	
Full Name of Contributor				
		Date [MM/DD/YYYY]	\$	
James Byszewski	733	a - L + L		200
House # Street Address		05/06/2015	-	250
		Date [MM/DD/YYYY]	\$	
16 University A	venue			
			-	1
Chathen State NJ Zip Cod		Date [MM/DD/YYYY]	\$	
	07928			1
Full Name of Contributor		Date [MM/DD/YYY]	15	
TI BL Late			- 1	1
John Blankstein		05/17/2015		250
House # Street Address		Date [MM/DD/YYYY]	5	
925 W Market Sti	- +		1	1
				1
City Q 1111 State Zip Cod		Date [MM/DD/YYYY]	\$	1
Bethlehrm PA	18018		1	
Full Name of Contributor			-	A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER
		Date [MM/DD/YYYY]	\$	
Michael Stocker		05/17/2015	1	100
House # Street Address				100
		Date [MM/DD/YYYY]	\$	
3804 Hollow Road			1 1	
City State Zip Code		Date [MM/DD/YYY]	S	
	18045	Date (wind/DD/1111)	3	
	18013	14		
Full Name of Contributor		Date [MM/DD/YYYY]	\$ 1	
(0-) (M)			1	
Richard Master		05/21/2015		200
House # Street Address		Date [MM/DD/YYY]	\$	
2280 Newlins Mill Roc	7			
Lip coue		Date [MM/DD/YYYY]	\$	
	18045			
Full Name of Contributor		Date [MM/DD/YYYY]	S	the second s
		Date Inter Dol 1111	2	
William Egbert		05/17/2015		75
House # Street Address			\$	
2830 Linden Street	NO RO		T	
	NU. 715			
City State Zip Code		Date [MM/DD/YYYY]	\$	
Bethlehrm PA	18017			1
Full Name of Contributor			-	
		Date [MM/DD/YYYY]	\$	
House # Street Address		Baba families haves	-	
		Date [MM/DD/YYYY]	\$	
			1	, * , *
City State Zip Code		Date [MM/DD/YYYY]	-	
	-		\$	
	the subscription of the su	and the second se		

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:					
have been a second as a second					
Full Name of Contributor			Date [MM/DD/YYYY		1
	Lewis Ro		Date Innin DDJ 1111	\$	
7.		onca	05/18/201	5	1000.00
House # Street Add			Date [MM/DD/YYYY]		
179		on Road			
City	State	Zip Code	Date [MM/DD/YYY]	5	
Beth lehem		PA 18	020		
Employer Name	Sale	1 / 1 - 0	Occupation 0		
Employer Mailing Address /	Jeit emp.	loyed / MF Ronia an	id Jons Uev	eloper	/ Contractor
Principal Place of Business	179	Mition Road A	Bethlehem, PA 1802	0	
Full Name of Contributor			Date [MM/DD/YYYY]		
House # Street Add	ress		Polo Data (pp bacad		
			Date [MM/DD/YYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	15	
				-11	
Employer Name			Occupation		
Employer Mailing Address /					
Principal Place of Business	1				
Full Name of Contributor			Debe Indea (DD boood		
			Date [MM/DD/YYYY]	_\$	
louse # Street Addre	ess		Date [MM/DD/YYYY]		
			Date [initial DD/ [111]	_\$	
ity					
acy	State	Zip Code	Date [MM/DD/YYY]	\$	
mpioyer Name			Occupation	<u> </u>	
mployer Mailing Address /					
rincipal Place of Business					
ull Name of Contributor			Date [MM/DD/YYYY]	Tel	
				\$	
ouse # Street Addre	·	0			
ouse # Street Addre	SS		Date [MM/DD/YYYY]	\$	
	1			7 1	
ty	State	Zip Code	Deter frank (on the second		
			Date [MM/DD/YYYY]	\$	
nployer Name					
nhiolici lague			Occupation	<u> </u>	
nployer Mailing Address /					
incipal Place of Business					

SCHEDULE III Statement of Expenditures

Filer Identification Number:

To Whom	n Paid		A ST				The second s	
10 111101	H F QIU	1 1.1	1/11	0.14			Date [MM/DD/YYYY]	\$
			Valley	Print Co	inter		05/08/2015	2,581.78
House #	306	Street Address	Q.	dhead	٨	0	Description of Expenditu	ite
Lon 1	508	1	_			re Rear		
Concession of the local division of the loca		lehem	State	PA	Zip Code	18015	Printing and	postage mail
To Whom	n Paid		2				I may the set of the s	\$
		Laura	Collins				05/18/2015	500.00
House #		Street Address					Description of Expenditur	
City	126	1	E. M.		Zip	Apt. 4		-
		lehem	Jule	PA	Code	18018	Campaign	Manager
To Whom	Paid						Date [MM/DD/YYYY]	\$
		Woodwas	2 Rus	nock Co.	nsultin	LLC	05/18/2015	500.00
House #	C12	Street Address					Description of Expenditur	e 500.00
1	522		Hemi]	ton Stir	et s	uite 7		-
City	Allent	om	State	PA	Zip Code	18101	campaign con	nsulting
To Whom	Paid				and the second		Date [MM/DD/YYYY] \$	
		Mach's	6.+0					
House #		Street Address		(b)			05/16/2015 Description of Expenditure	407.25
City	713		-	den Stre			Description of Expenditure	2
B	seth l	ehem	State	PA	Zip Code	18018	Reception e	vent
To Whom I	Paid						Date [MM/DD/YYY] \$	
8 e -		Service	Elector	L			05/27/2015	70.10
House #		Street Address					Description of Expenditure	70.10
			PO Bo	\$ 2502	25			
City	1		State		Zip	1		
1	chigh	Valley	1 1	PA	Code	18007	office internet	
To Whom P	Paid						Date [MM/DD/YYYY] \$	The second se
8 M	1	Para						
House #	-	Street Address					06/04/2015 Description of Expenditure	5.00
	2211		N 1st	- Street			Description of experiature	1
City	~		State		Zip	0		
States of the Local Division of the Local Di	in Jo	s t		CA	Code	95131	Payment Servin	es
To Whom P	Paid						Date [MM/DD/YYY] \$	
House #	ł.	Street Address			101 - 201025		Description of Expenditure	1
City			State		Zip Code		л	
To Whom Pa	aid		Lesson-L				Date [MM/DD/YYYY] \$	
								1
House #		Street Address					Description of Expenditure	
City		<u></u>	State		7:	· · · · · · · · · · · · · · · · · · ·		
			Slate		ZID			
			State		Zip Code			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
신경 문화가 많이 있는 것같이 많이 많이 했다.	

TOTAL for the reporting period	IBUTIONS RECEIVED-VALUE OF \$	50.00 OR LESS PER C	ONTRIBUTOR
	(1)	\$	0.00
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$25	0.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	0.00
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FRO	DM PART G)	
OTAL for the reporting period	(3)	\$	0.00
OTAL VALUE OF IN-KIND CONTRIBUTIC PERIOD (Add and enter amount totals fr		\$	
on Page 1, Report Cover Page, Item F)			0.00