

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		J. William Reynolds						
Street Address		34 W Elizabeth Avenue						
City	Bethlehem	State	PA	Zip Code	18018			

NAME OF OFFICE SOUGHT BY CANDIDATE

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/19/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/15	6/08/15	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.



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 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

Commonwealth of Pennsylvania - Campaign Finance Report

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Filer Identification Number		Report Filed By (Mark X)		Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of J. William Reynolds					
Street Address		39 W Elizabeth Avenue					
City	Bethlehem	State	PA	Zip Code	18018		

NAME OF OFFICE SOUGHT BY CANDIDATE

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		5/19/2015	Year		2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/15	6/8/2015	
A. Amount Brought Forward From Last Report	\$	33,762.54	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,270.00	
C. Total Funds Available (Sum of Lines A and B)	\$	36,032.54	
D. Total Expenditures (From Schedule III)	\$	4,064.13	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	31,968.41	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part 1- 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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this _____

My

Pa

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn

My

Maria R. Favres, Notary Public
City of Bethlehem, Lehigh County
My Commission Expires April 8, 2019

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)	\$	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)		\$	0.00
All Other Contributions (Part D)		\$	1000.00
Total for the reporting period	(3)	\$	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 <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>		\$	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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	250
James Byszewski					05/06/2015		
House #	Street Address				Date [MM/DD/YYYY]	\$	
16	University Avenue						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Chatham	NJ	07928					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250
John Blankstein					05/07/2015		
House #	Street Address				Date [MM/DD/YYYY]	\$	
925	W Market Street						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Bethlehem	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	100
Michael Stocker					05/17/2015		
House #	Street Address				Date [MM/DD/YYYY]	\$	
3804	Hollow Road						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Easton	PA	18045					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	200
Richard Master					05/21/2015		
House #	Street Address				Date [MM/DD/YYYY]	\$	
2280	Newlins Mill Road						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Easton	PA	18045					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	75
William Egbert					05/17/2015		
House #	Street Address				Date [MM/DD/YYYY]	\$	
2830	Linden Street NO. 9B						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$		

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:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Lewis Ronca				05/18/2015		1000.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
179	Mikron Road					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18020				
Employer Name			Occupation			
Self employed / MF Ronca and Sons			Developer / Contractor			
Employer Mailing Address / Principal Place of Business						
179 Mikron Road Bethlehem, PA 18020						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Lehigh Valley Print Center			Date [MM/DD/YYYY]	\$	2,581.78
House #	306	Street Address	Brodhead Avenue Rear		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18015	Printing and postage mail	
To Whom Paid		Laura Collins			Date [MM/DD/YYYY]	\$	500.00
House #	126	Street Address	E. Market Street Apt. 4		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Campaign Manager	
To Whom Paid		Woodward Rusnock Consulting LLC			Date [MM/DD/YYYY]	\$	500.00
House #	522	Street Address	Hamilton Street Suite 7		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18101	campaign consulting	
To Whom Paid		Mach's Gute			Date [MM/DD/YYYY]	\$	407.25
House #	713	Street Address	Linden Street		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Reception event	
To Whom Paid		Service Electric			Date [MM/DD/YYYY]	\$	70.10
House #		Street Address	PO Box 25025		Description of Expenditure		
City	Lehigh Valley	State	PA	Zip Code	18002	office internet	
To Whom Paid		Paypal			Date [MM/DD/YYYY]	\$	5.00
House #	2211	Street Address	N 1st Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	Payment Services	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0.00
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