Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Repo (Mai	rt Filed B rk X)	y Candida	te 🔀	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist			J. William Reynolds						
Street Address		34 W Elizabeth Avenue							
City Bethleher	n			State	PA	Zip Code	18018		
Type of Report (Place x under r	report type)						,		
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary			Tuesday lection	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
	\square								
Date Of Election (MM/DD/YYYY)	05/21/2019	Year		2019	Amendment Report		Termination Report		
Summary of Receipts and From Date			To Date	2 · ·		For	Office Use Only		
Capenalares	05/07/2019	06/10/:		/10/2019					
A. Amount Brought Forward F	rom Last Report	\$		-213.00					
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$		0					
C. Total Funds Available (Sum of Lines A and B)	har all and	\$	\$ -213.00						
D. Total Expenditures (From Schedule III)		\$	16.00						
E. Ending Cash Balance (Subtract Line D from Line C)		\$		-229.00					
F. Value of In-Kind Contributions Received (From Schedule II)		\$		0					
G. Unpaid Debts and Obligatio (From Schedule IV)	ins	\$		-229.00					

Affidavit Section

Filer Identification Number:

To Whom Paid			a a sugar de la casa de			Date [6464/DD hoppd]
10 1110111 212	Wix.com					Date [MM/DD/YYYY] \$ 05/11/2010 16.00
House #	Street Address					05/11/2019 10.00 Description of Expenditure
235	W	N 23rd Stree				
City New York		State	NY	Zip Code	10011	Website Hosting
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address		-			Description of Expenditure
City		State		Zip Code	and the second	
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City		State		Zip Code		
To Whom Paid		to make the second s				Date [MM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City]edited and an end of the second second	State		Zip Code		
To Whom Paid			<u></u>			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		
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 IV Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Creditor	J. William R	eynolds		Outstanding Balance of Debt
House # 34	Street Address		DATE DEBT INCURRED [MM/DD/YYYY] 06/10/2019	\$
City	Bethlehem	Stat		229.00
Description of Debt		sting Reimbursement	couc	
lame of Creditor	SU			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	e Zip Code	
escription of Debt				
lame of Creditor				Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
Description of Debt				
lame of Creditor	1234			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity escription of Debt		State	Zip Code	
ame of Creditor				
ouse #	Street Address		DATE DEBT INCURRED	Outstanding Balance of Debt
	Jueer Address		[MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of Debt				
ame of Creditor				Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ty		State	Zip Code	_
escription of Debt	. 3. 33	Television and	200	Issued

Filer Identification Number:

To Whom Paid	(C)					Date [MM/DD/YYYY] \$
	Wix.com					Date [MM/DD/YYYY] \$ 05/11/2019 · 16.00
House #	Street Address					Description of Expenditure
235	W	N 23rd Stree	t 8th Floor؛			Description of Experimente
City New York		State	NY	Zip Code	10011	Website Hosting
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		
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City	I and a second second	State		Zip Code		Beneralisti Beneralisti san yan daga 200 kangkana di yanga benera yan daga benera yan daga beneralisti angan
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	Cualche and Call	
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address				28-15	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 IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identificatio	n Number:			e end of the reporting period.
Name of Credit				
House #	J. William Reynolds			Outstanding Balance of Debt
House #	Street Address W Elizabeth Aver	nue	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Bethlehem	State	06/10/2019 PA Zip 18018	229.00
Description of D	Pebt Website Hosting Reimbursen	nent	Code 18018	
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	ebt	protection of the		All and a second se
Name of Credito	r			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Do				
lame of Credito	r,			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of De	ebt			199239
ame of Creditor				Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of De	bt	1980-0019 SUD		
ame of Greditor				Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ty		State	Zip Code	-
escription of De	bt			Least

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification			Repo	rt Filed B	y Candida	te	Committee		Lobbyist
Number		(Mai	rk X)						
Name of Filing Committee, Candidate or Lobbyist			Friends of J. William Reynolds						
Street Address			34 W Elizabeth Avenue .						
City	Bethleher	n	State			PA	Zip Code	18018	
Type of Report (Plac	e x under r	eport type)							
1- 6 th Tuesday 2- Pre-Primary Pre	2 nd Friday Primary			Tuesday lection	5- 2 nd Friday' Pre- Election	6- 30 Day Pos Election	t 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
		\mathbf{X}							
Date Of Election (MM/DD/YYYY)		05/21/2019	Year		2019	Amendment Report		Termination Report	
Summary of Receipt Expenditures	ts and	From Date		To Date 06/10/2019			For	Office Use Only	
Expenditures		05/07/2019				•:[
A. Amount Brought	Forward F	rom Last Report	\$	3	8,547.44				
B. Total Monetary C (From Schedule I)	Contributio	ns and Receipts	\$		0.00				
C. Total Funds Avail (Sum of Lines A and			\$	3	8,547.44				
D. Total Expenditures (From Schedule III)		\$	1	3,822.26					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	\$ 24,725.18						
F. Value of In-Kind C (From Schedule II)	Contributio	ns Received	\$		0				
G. Unpaid Debts and (From Schedule IV)	d Obligatio	ins	\$		229.00				
	201201000								

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$
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)	\$

PART A **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	Number				
					Amount
Full Name of Con Committee	tributing		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address		······	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	tributing		Second Address Copy	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address		,	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing	10000000	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1 C C C C C C C C C C C C C C C C C C C		120010200	 And the Company of Company of Company 		1.002

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 Identificatio	n Number:				
Full Name of Co	Intributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	\$5	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntřibutor			Date [MM/DD/YYYY]	\$
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
City	Destanda da esta	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor		Transf Weight Conference	Date [MM/DD/YYYY]	\$
House #	Street Addre	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	Consecution and	The Part of the	Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	;s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

Filer	Identification	Number:

To Whom Paid	(CO)			Data Istat (DD boood) A		
A State States	Markham Group, LL	с		Date [MM/DD/YYYY] \$ 05 (14/2010 3,250.24		
House #	Street Address			05/14/2019 5,250.24 Description of Expenditure		
1000		N 3rd Street				
City Little Roci	k	State AR	Zip Code 72201	Direct Mail Design and Production		
To Whom Paid	Liberty Athletic CLub)	- 444 - 444	Date [MM/DD/YYYY] \$		
Constanting of the				05/20/2019 200.00		
House # 1115	Street Address	inden Street		Description of Expenditure		
City Bethlehen	n	State PA	Zip Code ¹⁸⁰¹⁸	Athletic Club Donation and Sponsorship		
To Whom Paid	Markham Crown 11	_		Date [MM/DD/YYYY] \$		
	Markham Group, LLC	-		05/22/2019 6,838.72		
House # 1000	Street Address	V 3rd Street		Description of Expenditure		
City Little Rock	(State AR	Zip Code 72201	Direct Mail Design and Production		
To Whom Paid	Markham Group, LLC			Date [MM/DD/YYYY] \$		
	14	-		05/22/2019 2,833.30		
House # 1000	Street Address	V 3rd Street		Description of Expenditure		
City Little Rock		State AR	Zip Code 72201	Postage		
To Whom Paid				Date [MM/DD/YYYY] \$		
	Lehigh Valley With Lo	ove		Date [MM/DD/YYYY] \$ 06/01/2019 700.00		
To Whom Paid House # 530	Street Address	oepp Circle		700.00		
House #	Street Address G		Zip Code 18018	06/01/2019 700.00		
House # 530	Street Address G	oepp Circle	10010	06/01/2019 700.00 Description of Expenditure		
House # 530	Street Address G	oepp Circle	10010	06/01/2019 700.00 Description of Expenditure Social Media and Website Production		
House # 530 City Bethlehem	Street Address G	oepp Circle	Code 18018	06/01/2019 700.00 Description of Expenditure Social Media and Website Production Date [MM/DD/YYYY]		
House # 530 City Bethleherr To Whom Paid House #	Street Address G	oepp Circle State PA	Code 18018	06/01/2019 700.00 Description of Expenditure Social Media and Website Production Date [MM/DD/YYYY]		
House # 530 City Bethleherr To Whom Paid House # City	Street Address G	oepp Circle State PA	Code 18018	06/01/2019 700.00 Description of Expenditure Social Media and Website Production Date [MM/DD/YYYY] \$ Description of Expenditure		
House # 530 City Bethleherr To Whom Paid House # City To Whom Paid	Street Address	oepp Circle State PA	Code 18018 Zip Code	06/01/2019 700.00 Description of Expenditure Social Media and Website Production Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$		
House # 530 City Bethleherr To Whom Paid House # City To Whom Paid	Street Address	oepp Circle State PA State	Code 18018 Zip Code	06/01/2019 700.00 Description of Expenditure Social Media and Website Production Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$		
House # 530 City Bethleherr To Whom Paid House # City House # City	Street Address	oepp Circle State PA State	Code 18018 Zip Code	06/01/2019 700.00 Description of Expenditure Social Media and Website Production Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure		
House # 530 City Bethleherr To Whom Paid City City City To Whom Paid City City City City City	Street Address G Street Address Street Address Street Address	oepp Circle State PA State	Code 18018 Zip Code	06/01/2019 700.00 Description of Expenditure Social Media and Website Production Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY]		

PART C Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	n Number:				
	n declare.				
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address		7	Date [MM/DD/YYYY]	\$
City	Laurin Hard Street Hard	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	CALCULATION OF	NAME AND A	Charles and the	D . Iters (on loons)	
Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Second Second	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	Paper Procest		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	. Prove service and	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee		Numero de Calendario	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 N	umber:			
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Principal Place of E				International constraints and the
Full Name of Contr	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Transmission of Contraction	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			1	Occupation
Employer Mailing / Principal Place of B				Patricia et al la Patricia de Carlos de C
Full Name of Contr				Date [MM/DD/YYYY] \$
House #	Street Address		1	Date [MM/DD/YYYY] \$
City	(manage at cardinate)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing A Principal Place of B	usiness			
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			The second	Occupation
Employer Mailing A Principal Place of B				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nun	iber:
1.1.25° 3.19.8693	
- 11 at	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Code Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Code Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Code Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	

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:			
1. UNITEMIZED IN-KIND CONTRU			
	SOTIONS RECEIVED-VALUE	OF \$50.00 OR LESS PER CON	ITRIBUTOR
TOTAL for the reporting period	(1)	\$	
		l	
2. IN-KIND CONTRIBUTIONS RECI	EIVED-VALUE OF \$50.01 TO	\$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250.00	(FROM PART G)	
TOTAL for the reporting period	(3)	ļ\$	
<u> </u>			
TOTAL VALUE OF IN-KIND CONTRIBUTIO			
PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 3; also e	enter	

SCHEDULE II PART F In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	n Number:				
	TO SUFERE S				
Full Name of Co	ntřibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
No. Sec.				Bate [mm/DD/1111]	
City	The states of	State	7100-11-00	Provide a fear of	
city		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution	10. 22 A	A CONTRACTOR		
Description of C	ontribution				
Full Name of Con	ntributor	-90		Date [MM/DD/YYYY]	\$
and the second					
House #	Street Address			Date [MM/DD/YYYY]	\$
					4
City		Chester			
city		State	Zip Code	Date [MM/DD/YYYY]	\$
		18 2 76	THE ALL		
Description of Co	ontribution				
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
and the second second					
House #	Street Address				
1000	Street Address			Date [MM/DD/YYYY]	\$
Cia		1			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	anteile at an		13 4 1 5		
Description of co	Sherbucion				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
					63
House #	Street Address			Date [MM/DD/YYYY]	ė
	ou cet Address			Date [IMM/DD/1111]	\$
City		Chatta	71.0.1		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution				
No-stanker and					
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				and the second s	
City		State	Zip Code	Date [MM/DD/YYYY]	6
and the second		ALC: NO	Libeare		\$
Description of Co	ntribution	No. of Control of Cont	and all the states of the		

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

Contraction of the second second					
Full Name of Co	untributor				
i di Name di Co	manufactor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					10
Employer Name)	A REAL PROPERTY OF		Occupation	
Employer Mailir	ng Address / Principal				
Place of Busines				Description of	
				Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	7in Code	D - Inc. (Imm. buonse)	
		State	Zip Code	Date [MM/DD/YYYY]	\$
Employee Mana	Weinstein and a bridge fille and	Sec. 40	and the second second		
Employer Name				Occupation	
Employer Mailin	ng Address / Principal	E.		Description	
Place of Busines	S			of	
Full Name of Co	ntributor			Contribution	101-10-10-10-10-10-10-10-10-10-10-10-10-
i di reance of con	intibutor			Date [MM/DD/YYYY]	\$
	2000				
House #	Street Address			Date [MM/DD/YYYY]	\$
Seal State					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1.5					
Employer Name	Mark Charles and Friday	Servers an output	The Second Physics	Occupation	
Employer Mailin	g Address / Principal				
Place of Business				Description of	
The second state				Contribution	
Full Name of Cor	ntributor			the second se	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				Date [MM/DD/111]	Ŷ
City		Chanka	Data Terra Sanat		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
T	Make a water of the state of the state of the				
Employer Name				Occupation	
	g Address / Principal			Description	
Place of Business	5			of	
2004年1月10日1月1日日日				Contribution	

Filer	Identification	Number:
101 102 101		Contraction of the second

To Whom Paid						Date [MM/DD/YYYY] \$	
	Markham Group, LL	с				the second se	,250.24
House # 1000	Street Address	V 3rd Street				Description of Expenditure	
City	all and the second second	State	3	Zip	83		
Little Rock			AR	Code	72201	Direct Mail Design and Production	
To Whom Paid	Liberty Athletic CLub					Date [MM/DD/YYYY] \$	
11 - Constant						05/20/2019 20	00.00
House # 1115	Street Address	inden Street	:			Description of Expenditure	
City Bethlehem		State		Zip			
			PA	Code	18018	Athletic Club Donation and Sponsors	ship
To Whom Paid	Markham Group, LLC					Date [MM/DD/YYYY] \$	838.72
House #	Street Address			an ta		05/22/2019	638.72
1000	W	3rd Street				Description of Expenditure	
City Little Rock		State	AR	Zip Code	72201	Direct Mail Design and Production	
To Whom Paid	Markham Group, LLC					Date [MM/DD/YYYY] \$	
House #						05/22/2019	833.30
House # 1000	Street Address	3rd Street				Description of Expenditure	影響、管理理
City Little Rock		State	AR	Zip Code	72201	Postage	
To Whom Paid	Lehigh Valley With Lo	NA.				Date [MM/DD/YYYY] \$	
House #						06/01/2019	0.00
530	Street Address	pepp Circle				Description of Expenditure	
City Bethlehem		State	PA	Zip Code	18018	Social Media and Website Production	
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			
To Whom Paid						Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City		State		Zip			
CORTAGE.		Carlson and		Code			

SCHEDULE IV Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer	Identi	fication	Number:	1
1000			585 BBB	16
			1.1.7.	23

Name of	Creditor	J. William R	eynolds			Outstanding Balance of Debt
House #	34	Street Address	W Elizabeth Avenue	D	ATE DEBT INCURRED [MM/DD/YYYY] 05/11/2019	\$
City		Bethlehem	S	State PA	Zip Code 18018	229.00
Descripti	on of Debt	Website Ho	sting Fees	A REAL PROVIDENCE		
Name of	Creditor					Outstanding Balance of Debt
House #		Street Address		Di	ATE DEBT INCURRED [MM/DD/YYYY]	\$
City	er of Dobt		S	itate	Zip Code	
Description	on of Debt					
Name of	Creditor					Outstanding Balance of Debt
House #		Street Address		D/	TE DEBT INCURRED [MM/DD/YYYY]	\$
City			S	itate	Zip Code	
也成為中心	on of Debt					
Name of	Creditor		2 49 20			Outstanding Balance of Debt
House #		Street Address		DA	TE DEBT INCURRED [MM/DD/YYYY]	\$
City	on of Debt		S	tate	Zip Code	
Description	on or Dept					
Name of	Creditor					Outstanding Balance of Debt
House #		Street Address		DA	TE DEBT INCURRED [MM/DD/YYYY]	\$
City			S	tate	Zip Code	
Descriptio	on of Debt					
Name of (Creditor	NOTE:				Outstanding Balance of Debt
House #		Street Address		DA	TE DEBT INCURRED [MM/DD/YYYY]	\$
City			St	tate	Zip Code	
Descriptic	on of Debt					