

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>	Report Filed By: <input type="checkbox"/>	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of J. William Reynolds</i>				
Street Address: <i>34 W Elizabeth Avenue</i>				
City: <i>Bethlehem</i>		State: <i>PA</i>	Zip Code: <i>18018 -</i>	

TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: <i>Bethlehem City Council</i>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR				
	<i>11 8 2011</i>		<i>OTH</i>	<i>DEM</i>	<i>48</i>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	<i>10 25 2011</i>			
A. Amount Brought Forward From Last Report	\$ <i>10,305.38</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <i>2,540.00</i>			
C. Total Funds Available (Sum of Lines A and B)	\$ <i>12,845.38</i>			
D. Total Expenditures (From Schedule III)	\$ <i>1,257.10</i>			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <i>11,588.28</i>			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <i>10,845.53</i>			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <i>0</i>			

**AFFIDAVIT SECTION**

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

Notarial Seal

PART II - If this is a Candidate report, candidate sign here.

Notary Public  
 County of \_\_\_\_\_  
 State of Pennsylvania

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of J. William Reynolds</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$	<i>190.00</i>
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**2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)**

Contributions Received from Political Committees (Part A)	\$	<i>250.00</i>
All Other Contributions (Part B)	\$	<i>1,100.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>1,350.00</i>

**3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)	\$	<i>0</i>
All Other Contributions (Part D)	\$	<i>1,000.00</i>
TOTAL for the Reporting Period	(3)	\$ <i>1,000.00</i>

**4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period	(4)	\$	<i>0</i>
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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.)	\$	<i>2,540</i>
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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.

Name of Filing Committee or Candidate <b>Friends of J. William Reynolds</b>	Reporting Period From <b>10/25/11</b> To <b>11/28/11</b>
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				DATE			AMOUNT	
				MO.	DAY	YEAR		
Full Name of Contributing Committee <b>Laborsers Local 1174 PAC</b>				10	27	2011	\$ 250.00	
Mailing Address <b>465 Allentown Drive</b>				MO.	DAY	YEAR	\$	
City <b>Allentown</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19108 -</b>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL  
**\$ 250.00**

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate				Reporting Period			
Friends of J. William Reynolds				From 10/25/11 To 11/28/11			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
Charles Roseberry				10	27	11	\$ 100
Mailing Address				MO.	DAY	YEAR	
39 Applewood Drive							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Easton	PA	18045 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Bryan Callahan				10	27	11	\$ 100
Mailing Address				MO.	DAY	YEAR	
5336 Millstone Court							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Oxford	PA	18069 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Robert Melosky				10	27	11	\$ 100
Mailing Address				MO.	DAY	YEAR	
2320 Dewey Avenue							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Northampton	PA	18067 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Eric Evans				10	27	11	\$ 100
Mailing Address				MO.	DAY	YEAR	
1955 Butztown Road							\$ <del>100</del>
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Bethlehem	PA	18017 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Samantha Schwartz				10	27	11	\$ 100
Mailing Address				MO.	DAY	YEAR	
34 W Elizabeth Avenue							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Bethlehem	PA	18018 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Anthony Emelli				10	27	11	\$ 100
Mailing Address				MO.	DAY	YEAR	
5345 Princeton Road							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Macungie	PA	18062 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
John Freund				10	27	11	\$ 250
Mailing Address				MO.	DAY	YEAR	
1900 Savon Lane							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Bethlehem	PA	18015 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
Donald Spry				10	27	11	\$ 150
Mailing Address				MO.	DAY	YEAR	
3503 Margate Road							\$ 100
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Bethlehem	PA	18020 -					\$
						PAGE TOTAL	\$ 1,100
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.							

# ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

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

Name of Filing Committee or Candidate <i>Friends of J. William Reynolds</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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				DATE			AMOUNT
Full Name of Contributor <i>Scott McFarland</i>				MO.	DAY	YEAR	\$
Mailing Address <i>403 Pine Street</i>				<i>10</i>	<i>25</i>	<i>2011</i>	<i>500</i>
City <i>Slatington</i>							\$
State <i>PA</i>	Zip Code (Plus 4) <i>18080 -</i>			MO.	DAY	YEAR	\$
Employer Name <i>Landmark Consulting, Inc.</i>				Occupation <i>Engineer</i>			
Employer Mailing Address/Principal Place of Business <i>Landmark Consulting, Inc. 403 Pine Street Slatington, PA 18080</i>							

Full Name of Contributor <i>Dennis Benner</i>				MO.	DAY	YEAR	\$
Mailing Address <i>2005 City Line Road Suite 106</i>				<i>10</i>	<i>25</i>	<i>2011</i>	<i>500</i>
City <i>Bethlehem</i>							\$
State <i>PA</i>	Zip Code (Plus 4) <i>18017 -</i>			MO.	DAY	YEAR	\$
Employer Name <i>Benner and Piperato</i>				Occupation <i>Lawyer</i>			
Employer Mailing Address/Principal Place of Business <i>2005 City Line Road Suite 106 Bethlehem, PA 18017</i>							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
\$ *1,000.00*

**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

Name of Filing Committee or Candidate <i>Friends of J. William Reynolds</i>	Reporting Period From <u>10/25/11</u> To <u>11/28/11</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ <u>192.00</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ <u>10,653.53</u>

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.)	\$ <u>10,845.53</u>
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SCHEDULE II  
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of J. William Reynolds</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Market Street Strategies, LLC</i>	<i>11</i>	<i>3</i>	<i>2011</i>	\$ <i>192.00</i>
Mailing Address <i>925 W Market Street</i>	MO.	DAY	YEAR	\$
City <i>Bethlehem</i> State <i>PA</i> Zip Code (Plus 4) <i>18018 -</i>	MO.	DAY	YEAR	\$

Description of Contribution:  
*Professional Technical Services - online video commercial production*

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL \$ <i>192.00</i>
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of J. William Reynolds</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Pennsylvania Democratic Party</i>	<i>11</i>	<i>28</i>	<i>11</i>	\$ <i>10,653.53</i>
Mailing Address <i>300 North 2nd Street 8th Floor</i>	MO.	DAY	YEAR	\$
City <i>Harrisburg</i> State <i>PA</i> Zip Code (Plus 4) <i>17101 -</i>	MO.	DAY	YEAR	\$
Employer of Contributor <i>Pennsylvania Democratic Party</i>	Occupation <i>Political Party</i>			
Employer Mailing Address/Principal Place of Business <i>300 North 2nd Street 8th Floor</i>	Description of Contribution <i>Design, Production, Mail House, Postage</i>			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <i>10,653.53</i>

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of J. William Reynolds</b>	Reporting Period From <u>10/25/11</u> To <u>11/28/11</u>
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To Whom Paid <b>Best Buy</b>	MO. <b>10</b>	DAY <b>30</b>	YEAR <b>2011</b>	Amount <b>\$ 64.65</b>
Mailing Address <b>1504 MacArthur Road</b>		Description of Expenditure <b>Printer ink</b>		
City <b>Whitchell</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18052 -</b>		

To Whom Paid <b>Staples</b>	MO. <b>11</b>	DAY <b>1</b>	YEAR <b>2011</b>	Amount <b>\$ 81.60</b>
Mailing Address <b>2138 West Union Blvd</b>		Description of Expenditure <b>Envelopes</b>		
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18018 -</b>		

To Whom Paid <b>U.S. Post Office</b>	MO. <b>11</b>	DAY <b>1</b>	YEAR <b>2011</b>	Amount <b>\$ 352.00</b>
Mailing Address <b>535 Wood Street</b>		Description of Expenditure <b>Stamps</b>		
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18018 -</b>		

To Whom Paid <b>Bethlehem City Democratic Committee</b>	MO. <b>11</b>	DAY <b>2</b>	YEAR <b>2011</b>	Amount <b>\$ 500</b>
Mailing Address <b>617 2nd Avenue</b>		Description of Expenditure <b>Political Donation</b>		
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18018 -</b>		

To Whom Paid <b>Bethlehem Business Forms</b>	MO. <b>10</b>	DAY <b>28</b>	YEAR <b>2011</b>	Amount <b>\$ 258.85</b>
Mailing Address <b>Po Box 4250</b>		Description of Expenditure <b>Signs</b>		
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18018 -</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <b>\$ 1,257.10</b>
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Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		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 Ave											
City: Bethlehem				State: PA		Zip Code: 18018 -					
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate: Bethlehem City Council					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR				
					11	8	2011	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:					MO.	DAY	YEAR	FOR OFFICE USE ONLY			
					10	25	2011				
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.

I swear (or affirm) that this report, including the attached **COMMONWEALTH OF PENNSYLVANIA** are to the best of my knowledge and belief true, correct and complete.

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 \_\_\_\_\_

**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 \_\_\_\_\_