

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 ^{1.} | | COMMITTEE ^{2.} <input checked="" type="checkbox"/> | | LOBBYIST ^{3.} | | |
| Name of Filing Committee, Candidate or Lobbyist: <i>Friends of J. William Reynolds</i> | | | | | | | | | | |
| Street Address: <i>34 W Elizabeth Ave</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 | <input checked="" type="checkbox"/> | AMENDMENT REPORT? | YES | NO | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST ELECTION | 6. | TERMINATION REPORT? | YES | NO | |
| | ANNUAL REPORT | 7. | YEAR | | FILING METHOD () CHECK ONE <input 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>5</i> | <i>17</i> | <i>2011</i> | | | | |
| (SEE INSTRUCTIONS FOR CODES) | | | | | | | | | | |
| Summary of Receipts and Expenditures from: <input type="checkbox"/> | | | MO. | DAY | YEAR | To | MO. | DAY | YEAR | |
| | | | <i>5</i> | <i>3</i> | <i>2011</i> | | <i>6</i> | <i>6</i> | <i>2011</i> | |
| A. Amount Brought Forward From Last Report | | | | | | \$ | <i>15,873.64</i> | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | | | \$ | <i>1,630.00</i> | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | | | \$ | <i>17,503.64</i> | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ | <i>0</i> | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | | | \$ | <i>17,503.64</i> | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | | | \$ | <i>0</i> | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | | | \$ | <i>0</i> | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | |

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 schedules, on paper or computer diskette, are to the best of my knowledge and belief true,

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, the information furnished is true and correct.

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|--------------------------------------------------------------------------------|---------------------------------------------------------|
| Name of Filing Committee or Candidate <i>Friends of J. William Reynolds</i> | Reporting Period From <i>5/3/11</i> To <i>6/6/11</i> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------|-----------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ <i>30.00</i> |

| | |
|----------------------------------------------------------------------|------------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | \$ <i>0</i> |
| All Other Contributions (Part B) | \$ <i>450.00</i> |
| TOTAL for the Reporting Period (2) | \$ <i>450.00</i> |

| | |
|----------------------------------------------------------------|-------------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | \$ <i>500.00</i> |
| All Other Contributions (Part D) | \$ <i>650.00</i> |
| TOTAL for the Reporting Period (3) | \$ <i>1150.00</i> |

| | |
|------------------------------------------------------------------------------------------|-------------|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | |
| TOTAL for the Reporting Period (4) | \$ <i>0</i> |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 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> | \$ <i>1,630.00</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|

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 Friends of J. William Reynolds | Reporting Period From <u>5/3/11</u> To <u>6/6/11</u> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|

| | | | | DATE | | | AMOUNT |
|--------------------------------------------------|-----|-----|------|--------------------|------------------------------------------|--|--------|
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Robert De Beer | 5 | 16 | 11 | | | | 200.00 |
| Mailing Address 3578 Sunnyside Road | MO. | DAY | YEAR | | | | \$ |
| City Center Valley | MO. | DAY | YEAR | State PA | Zip Code (Plus 4) 18034 - 8102 | | |
| | | | | | | | |
| David Velegol | 5 | 25 | 11 | | | | 250.00 |
| Mailing Address 400 Heather Moor Drive | MO. | DAY | YEAR | | | | \$ |
| City Follansbee | MO. | DAY | YEAR | State WV | Zip Code (Plus 4) 26037 - | | |
| | | | | | | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | State | Zip Code (Plus 4) | | |
| | | | | | - | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | State | Zip Code (Plus 4) | | |
| | | | | | - | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | State | Zip Code (Plus 4) | | |
| | | | | | - | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | State | Zip Code (Plus 4) | | |
| | | | | | - | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | State | Zip Code (Plus 4) | | |
| | | | | | - | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | State | Zip Code (Plus 4) | | |
| | | | | | - | | |

PAGE TOTAL
\$ 450.00

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

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.

| | |
|--------------------------------------------------------------------------------|---------------------------------------------------------|
| Name of Filing Committee or Candidate <i>Friends of J. William Reynolds</i> | Reporting Period From <i>5/3/11</i> To <i>6/6/11</i> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|

| | | | | DATE | | | AMOUNT |
|--------------------------------------------------------------------------|--------------------|-------------------------------------|--|------|-----|------|-----------|
| | | | | MO. | DAY | YEAR | |
| Full Name of Contributing Committee <i>Citizens for Glenn Reibman</i> | | | | 6 | 1 | 2011 | \$ 500.00 |
| Mailing Address <i>1231 Leib Road</i> | | | | MO. | DAY | YEAR | \$ |
| City <i>Easton</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18045 -</i> | | 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 | \$ |

| | |
|------------|-----------|
| PAGE TOTAL | \$ 500.00 |
|------------|-----------|

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

PART D
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 Friends of J. William Reynolds | Reporting Period From <u>5/3/11</u> To <u>6/6/11</u> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|

| Full Name of Contributor | DATE | | | AMOUNT |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----|------|-----------|
| | MO. | DAY | YEAR | |
| Chris Perrucci | 5 | 21 | 11 | \$ 350.00 |
| Mailing Address 1816 Maple Street | MO. | DAY | YEAR | \$ |
| City Bethlehem | MO. | DAY | YEAR | \$ |
| State PA | | | | |
| Zip Code (Plus 4) 18017 - | | | | |
| Employer Name Florio, Perrucci, Steinhardt and Fader | Occupation Attorney | | | |
| Employer Mailing Address/Principal Place of Business 60 W Broad Street Suite 102 Bethlehem, PA 18018 | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----|------|-----------|
| | MO. | DAY | YEAR | |
| Brian Tipton | 5 | 21 | 11 | \$ 300.00 |
| Mailing Address 3075 Hutchinson River Road | MO. | DAY | YEAR | \$ |
| City Phillipsburg | MO. | DAY | YEAR | \$ |
| State NJ | | | | |
| Zip Code (Plus 4) 08865 - 4342 | | | | |
| Employer Name Florio, Perrucci, Steinhardt and Fader | Occupation Attorney | | | |
| Employer Mailing Address/Principal Place of Business 60 W Broad Street Suite 102 Bethlehem, PA 18018 | | | | |

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

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

| Full Name of Contributor | DATE | | | AMOUNT |
|------------------------------------------------------|------------|-----|------|--------|
| | MO. | DAY | YEAR | |
| | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| 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 |
| \$ 650.00 |

