

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST J. William Reynolds					
STREET ADDRESS 1718 N New Street					
CITY Bethlehem		STATE PA	ZIP CODE 18018 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY 1.	Bethlehem City Council			Dem	MO. DAY YEAR 11 5 2019
2ND FRIDAY PRE-PRIMARY 2.	DATES OF REPORTING PERIOD	MO. DAY YEAR	TO	MO. DAY YEAR	FOR OFFICE USE ONLY
30 DAY POST-PRIMARY 3.	10 22 19			11 25 19	
6TH TUESDAY PRE-ELECTION 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$	0.00		
2ND FRIDAY PRE-ELECTION 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$	0.00		
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	2019 DEC - 4
ANNUAL REPORT 7.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>	

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

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NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of J. William Reynolds																				
STREET ADDRESS 34 W Elizabeth Avenue																				
CITY Bethlehem			STATE PA	ZIP CODE 18018																
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION															
6TH TUESDAY PRE-PRIMARY	Bethlehem City Council			Dem	MO. 11	DAY 5 YEAR 2019														
2ND FRIDAY PRE-PRIMARY					FOR OFFICE USE ONLY															
30 DAY POST-PRIMARY	DATES OF REPORTING PERIOD				2019 DEC -4 P 3:48 [Stamp]															
6TH TUESDAY PRE-ELECTION	<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <td>TO</td> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>10</td> <td>22</td> <td>19</td> <td></td> <td>11</td> <td>25</td> <td>19</td> </tr> </table>		MO.	DAY			YEAR	TO	MO.	DAY	YEAR	10	22	19		11	25	19		
MO.	DAY	YEAR	TO	MO.			DAY	YEAR												
10	22	19		11			25	19												
2ND FRIDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$ 22,940.18																			
30 DAY POST-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0.00																			
ANNUAL REPORT	<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>										
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I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT