# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be dear and legible. It should be typed)

Filer Identification . Number			rt Filed B rk X)	y Car	rdida	te	X	Committee			Lobbyls		
Name of Filing Committee, Candidate or Lobbyist			J. William Reynolds										
Street Address	Street Address 1718 N Ne			N New St	reet								
City	Bethlehe	em	<b></b>		Ste	ie	PA		Zip Code	18018			
Type of Report (	Place x under r	eport type)			ang a grid digital na minin di								
1-6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary			Tuesday Jection	5-2 <sup>nd</sup> Fr Pre-Be	THE RESERVE	1	30 Day Post ction	7- Annuel	Special 2 <sup>nd</sup> Fr Pre-Bection	iday	Special 36 Post-Bed	
in	Partial Factorial Control		Γ			1			X				
Date Of Election (MM/DD/YYYY)		11/03/2020	Year		2020	)	\$5.70 miles	nendment port		Termination Report			]
Summary of Re	ceipteand	From Date		. To Date	B	10. in		- 00	For	Office Use Only	y:.:.	ATT SAIL	2
<b>Expenditures</b>	Expenditures 01/01/202		5	12	/31/2020								
A Amount Brou	ught Forward I	rom Last Repor	<b>t</b> \$	5	0.00		Target Carrier						
B Total Moneto (From Schedule		ons and Receipt	8   \$		227.17		- Controlled from						
C Total Funds / (Sum of Lines A			1	В	227.17								
D. Total Bipenditures (From Schedule III)		8	\$ 227.17			on the second se							
E Ending Cash (Subtract Line I	Balance			\$	0.00		mis zwastinostania		•				
F. Value of In-Kind Contributions Received (From Schedule II)			0.00		SELECTION SALES								
G. Unpeid Debt (From Schedule	teand Obligati e IV)	ons ,		\$	0.00		Sections in the state of						
		THE SAME PARTY OF THE SAME PAR	- 17 T T X 1		Atb	lavit S	ection	layers	5-8				
Part 1- If this is a I swear (or affirm	Ommittee report that this report	ort, treasurer sign r, including the att	here if acheds	this is a <b>Ca</b> schedules c	<b>ndidate</b> re on paper, is	port, o	andi besi	of my knowle	) edge and belief	true, correct and	compl	ete.	

# SCHEDULEI Contributions and Receipts

Detailed Summary Page

Rier Identification Number	
to the first the first term of the first term of the second secon	

1.Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	227.17
All Other Contributions (Part B)	\$	0.00
Total for the reporting period (2)	\$	227.17
3. Contributions Over \$250.00 (From Part Cand Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3	) \$	0.00
4. Other Receipts Refunds, Interest Earned, Returned Checks, ETC (From Part B)		
4. Other Receipte Refunds, Interest Earned, Refurned Checks, ETC (From Part B)  Total for the reporting period (4)	)   \$	0.00

#### **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.

					Amount
	Print dime			Date [MM/DD/YYYY]	\$
Full Name of Con Committee		of J. William Reyno	lds	01/06/2020	66.00
		-		Date [MM/ DD/ YYYY]	\$
House# 34		W Elizabeth Avenue	•	12/20/2020	161.17
					<u> </u>
Oty Bethlehe	m	State PA	<b>Zip Cods</b> 18018	rere fraun rya 1111	
Full Name of Cor Committee	ntributing			Date [MM/ DD/ YYYY]	\$
House#	Srest Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code ::	Date [MM/DD/YYYY]	<b>8</b>
7.				-	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$.
House#	Street Address		V.,	Date [MM/DD/YYYY]	<b>\$</b>
1, 1,04,000 18	Great Address			Name of the last o	
Oty		   State	ZpCsde	Date [MM/ DD/ YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
Otty	<u> </u>	Sate	Zip Code	Date [MM/DD/YYYY]	(\$)
				To the second se	
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	<b>. \$</b> .
House#	Street Address	B		Date [MM/ DD/ YYYY]	8
Oty.	a program (No. No. 1871)	   Saie	Zip Coda	Date [MM/ DD/ YYYY]	8
Full Name of Co	waributing	(1924) (1925) - 1	Date [MM/DD/YYYY]		
Committee		1		Date [MM/DD/YYYY]	
House #	Street Address			Però linian revi i i i i i i i	451
Otty		Sete	Zip Code	Date [MM/ DD/ YYYY]	\$

### SCHEDULEIII Statement of Expenditures

Filer Identification Number:	

To Whom Paid		Date[MM/DD/YYYY] \$ 66,00
Wix.com Inc.		01/02/2020
House # 2601 Street Address	Mission Street	Description of Expenditure
San Francisco	State CA Zip 94110	Renewal Of Domain and Hosting
To Whom Paid Christmas City S	Studios	Date [MM/DD/YYYY] . 5 09/10/2020 59.00
House # 3200 Street Address	Farmersville Road	Description of Expenditure
Bethlehem	State PA Zp 18020	Pictures
To Whom Paid Christmas City S	Studios	12/13/2020 \$ 10.00
House # 3200 Street Address	Farmersville Road	Description of Expenditure
<b>Gity</b> Bethlehem	Sate PA Zp 18020	Pictures
To Whom Paid Amazon.com		Date [MM/ DD/ YYYY] \$ 22.27
House # 440 Street Address	lefty Avertue	Description of Expenditure
North Seattle	State WA Code 98109	Envelopes
<b>To Whom Paid</b> Squarespace.co	om	12/20/2020 \$ 27.56
House # 8 Street Address	Clarkson Street	Description of Expenditure
City : New York	NY Zip 10014	Website Hosting
To Whom Paid GoDaddy.com		Date [MM/DD/YYYY] 5 12/20/2020 42.34
House # 3335 Street Address	C. Daseille Hoad	Description of Expenditure
Gilbert	State AZ Zip 85234	Website Domain Renewal
To Whom Paid		Date (MM/DD/YYYY) \$
House # Street Addre	18	'. Description of Expenditure
City	State Zp Code .	
To Whom Paid		Date [MM/DD/YYYY] \$
House # Street Addre	Sate   Zp	Description of Expenditure



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

### Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing	Committee, Cand	lidate, or Lobbyi	st in the second	
Reporting Cycle  Cycle 1  6th Tuesday  Pre-Primary	Name ☐ Cycle 2  2 <sup>nd</sup> Friday Pre-Primary	☐ Cycle 3  30 Day  Post Primary	Cycle 4 6th Tuesday Pre-Election	Cycle 5  2 <sup>nd</sup> Friday Pre-Election
Cycle 6  30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8	Election 30 Day	Cycle 9 Post-Special Election

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

iler Identification lumber		Repor (Mari	t Filed B k X)	(Candidat		Committee		Lobbyist		
Name of Filing Committee, Candidate or Lobbylst		Friend	Friends of J. William Reynolds							
Prest Address		34 W	Elizabeth	Avenue						
City Bethleher	n	L		State	PA	Zip Code	18018			
Type of Report (Race x under re	eport type)						Special 2 <sup>th</sup> Friday	Special 30 Day		
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday Pre-Primary Pre-Primary	3-30 Day Post Primary	4-6 <sup>th</sup> Pre-E	Tuesday lection	5-2 <sup>rd</sup> Friday Pre-Election	6-30 Day Post Election	7- Annual	Pre-Bedlon	Post-Bedion		
		H				X				
Date Of Election (MM/DD/YYYY)	11/03/2020	Year		2020	Amendment Report		Termination Report			
Summary of Receipts and	From Date		To Dat	0		F6	Office Use Only			
<b>Expenditures</b>	01/01/2020	) 12/31		2/31/2020						
A Amount Brought Forward F	rom Last Repo	n s	5 2	22,880.18	Action in the control of the control					
B. Total Monetary Contribution (From Schedule!)	onsand Receip	te S	\$	0.00						
C Total Funds Available (Sum of Lines A and B)			\$	22,880.18						
D. Total Expenditures (From Schedule III)				1,577,17						
E Ending Cash Balance (Subtract Line Difform Line Q			\$	21,303.01						
F. Value of In-Kind Contributi (From Schedule II)	ons Received		\$	0	a and a second s					
G Unpeid Debtsand Obligat	ons	AGENTY .	\$	21,303.01						

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.

### SCHEDULEI Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

I. Unitemized Contributions and Receipte \$50.00 or Less per Contributor		
Total for the reporting period (	)   (	\$ 0.00
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)		\$ 0.00
Total for the reporting period (	2)	\$ 0.00
3, Contributions Over \$250.00 (From Part Cland Part D)		
Contributions Received from Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)	$\dashv$	\$ 0.00
Total for the reporting period (	3)	\$ 0.00
4. Other Receipts Returnes, Interest Earned, Returned Checks, ETC (From Part B)		
Total for the reporting period (		\$ 200.00
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, Repo	ort	\$ 200.00

# Statement of Expenditures

Filer	denti	<b>Fication</b>	n Num	bor:

To Whom Paid  J. William Reynolds			Date [MM/ DD/ YYYY] 8	66.00
Lance 4		,	Description of Expenditu	76
House# 1718 Street Address N Ne	ew Street			
Bethlehem	<b>Saté</b> PA	<b>Zip</b> : 18018 <b>Code</b> : 18018	Refund of website/hosting/d	lomain purchases
To Whom Paid Bethlehem NAACP			Date [MM/DD/YYYY] 02/25/2020	50.00
House# Street Address P.O.	. Box 1474		Description of Expenditu	
<b>Qty</b> /Bethlehem	State PA	<b>Zp</b> 18015	Annual Program Ad	
To Whom Paid  North Central Little Le	eague		Date [MM/DD/YYYY] 02/28/2020	250.00
House # Breet Address P.O.	. Box 1543		Description of Expenditu	
<b>City</b> Bethlehem	State PA	<b>Zip</b> 18016	Youth Athletic Association S	
To Whom Paid Hispanic Center of the	e Lehigh Valley	oder — Substitution —	(Date (MM/DP/WYW) 03/13/2020	150.00
House # 520 Strest Address E 4	th Street		Description of Expenditu	
<b>Gty</b> Bethlehem	State PA	<b>Z</b> p . 18015	Annual Program Sponsors	
To Whom Paid Lehigh Valley Labor (	Council		Date (MM/DD/YYYY) 03/15/2020	200.00
Lineardi Grani Addinas	Box 20226		Description of Expenditu	<b>79</b>
City Lehigh Valley	Sate PA	<b>Zp</b> 18002	Annual Dinner Program Sp	ponsorship
To Whom Paid Lehigh Valley with Lo	ove Media, LLC		Date [MM/DD/YYYY] 10/14/2020	750.00
House # 530 Street Address Go	epp Circle		Description of Expenditu	<b>IO</b>
Gity Bethlehem	<b>Sate</b> PA	<b>Zp</b> 18018	Media design and product	ion
To Whom Paid  McNeil for PA			Date [MM/CD/YYYY] 09/15/2020	150.00
House & Quest Address	Front Street		Description of Expendit	<b>1</b> 10
City Whitehall	Sate PA	<b>Zip</b> 18052	Political Contribution	
To Whom Paid  J. William Reynolds			Date [MM/DD/YYYY]	161.17
House# 1718 Street Address N	New Street		Description of Expendit	Ue
<b>Gty</b> Bethlehem	Sate PA	<b>Zip</b> 18018	Refund of website purcha	se, domain, and pictures

### PARTE Other Receipts

#### REFUNDS, INTEREST 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 Humb	er:								
The state of the s									
Full Name		Lehigh Valley Labor Cour	ncil						
	Stre	et Address PO Box 2022	PO Box 20226						
City	L	Lehigh Valley	Sate PA	<b>Zip</b> 18002	Date [MM/DD/YYYY] \$ 200.00				
Receipt Description		Refund for Cancelled Lat	oor Council Dinner						
Full Name									
House #	9rc	est Address							
City		1	<b>946</b>	Zip Code	Date [MM/DD/YYYY] \$				
Receipt Description									
Full Name									
House #		eet Address							
City		engeneration and any other in subject of	Sate	Zip" Code	Date [MM/DD/YYYY] \$				
Receipt Description		· ·	a Magazara		188891				
<b>Full Name</b>	* . in 1 . i								
House#	Str.	est Address							
City			Sate	Zip Code	Date [MM/DD/YYYY] \$				
Receipt Description	· · · · · ·			•					
Full Name									
House#	Sir	est Address							
City	· · ·		Sato*	Zip Code	Date [MM/DD/YYYY] \$				
Receipt Description			ne suite semande seite.	The Association of the State of					
Full Name									
House #	2	reet Address							
City			Sale	Zip Code	Date [MM/DD/YYYY] S				
Receipt Description	317	*	a						



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Name of Filing Committee, Candidate, or Lobbyist									
Reporting Cycle Name  ☐ Cycle 1 ☐ Cycle 2  6 <sup>th</sup> Tuesday Pre-Primary Pre-Primary		☐ Cycle 3  30 Day  Post Primary	☐ <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election					
☐ Cycle 6  30 Day Post-Election	✓ Cycle 7  Annual Report	□ Cycle 8  2 <sup>nd</sup> Friday Pre-Specia		cle 9 St-Special Election					



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**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.