

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	LOBBYIST	³
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		
	Bethlehem City Council			Dem	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	MO.	DAY	YEAR
30 DAY POST-PRIMARY	3.	11	26	19	TO	12	31
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.	AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>
ANNUAL REPORT	<input checked="" type="checkbox"/>	TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>

2020 JUN 29 PM 12:40

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's 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.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED \$250.00 PER REPORTING PERIOD AND COMPLETE

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FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	1.	COMMITTEE	<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 Avenue</i>																											
CITY <i>Bethlehem</i>			STATE <i>PA</i>		ZIP CODE <i>18018</i>																						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION																				
6TH TUESDAY PRE-PRIMARY	1.	<i>Bethlehem City Council</i>				<i>Dem</i>		MO.	DAY	YEAR																	
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	TO	MO.	DAY	YEAR	11	05	2019																
30 DAY POST-PRIMARY	3.																										
6TH TUESDAY PRE-ELECTION	4.																										
2ND FRIDAY PRE-ELECTION	5.																										
30 DAY POST-ELECTION	6.																										
ANNUAL REPORT	<input checked="" type="checkbox"/>																										
DATES OF REPORTING PERIOD <table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>11</td> <td>26</td> <td>19</td> <td></td> <td>12</td> <td>31</td> <td>19</td> </tr> </table>										MO.	DAY	YEAR	TO	MO.	DAY	YEAR	11	26	19		12	31	19	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>22,880.18</u>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>	
MO.	DAY	YEAR	TO	MO.	DAY	YEAR																					
11	26	19		12	31	19																					
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>																
FOR OFFICE USE ONLY																											
2020 JAN 29 P 12:4																											

AFFIDAVIT SECTION

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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 EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.