

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	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		1718 N New Street					
City	Bethlehem	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/20/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/2025	6/9/2025	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	0.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

18th day of June 20 25

Commonwealth of Pennsylvania - Notary Seal
Paul E. Rosko, Notary Public
Lehigh County
My commission expires February 18, 2026
Commission number 1140991
Member, Pennsylvania Association of Notaries

Signature of Person Submitting report

J. William Reynolds

Printed Name

Signature

My Commission expires 02 18 26
MO. DAY YR.

610
Area Code

428-8692
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 of Candidate

Printed Name

Signature

My Commission expires
MO. DAY YR.

Area Code

Daytime Telephone Number

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of J. William Reynolds						
Street Address		1718 N New Street						
City	Bethlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/21/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/2025	6/9/2025	
A. Amount Brought Forward From Last Report	\$	\$34,383.39	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	\$300.00	
C. Total Funds Available (Sum of Lines A and B)	\$	\$34,683.39	
D. Total Expenditures (From Schedule III)	\$	\$8,591.71	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	\$26,091.68	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 18th day of June, 2025

Commonwealth of Pennsylvania - Notary Seal
Paul E. Rosko, Notary Public
Lehigh County
My commission expires February 18, 2026
Commission number 1140991

Signature of Person Submitting Report: ANDREW GRASOW
Printed Name: ANDREW GRASOW
Member, Pennsylvania Association of Notaries

My Commission expires 02 17 26 MO. DAY YR. Area Code 610 Daytime Telephone Number 842-3571

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 18th day of June, 2025

Commonwealth of Pennsylvania - Notary Seal
Paul E. Rosko, Notary Public
Lehigh County
My commission expires February 18, 2026
Commission number 1140991

Signature of Candidate: J. William Reynolds
Printed Name: J. William Reynolds
Member, Pennsylvania Association of Notaries

My Commission expires 02 17 26 MO. DAY YR. Area Code 610 Daytime Telephone Number 428-8692

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	\$50.00
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)	\$	\$250.00
Total for the reporting period (2)	\$	\$250.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
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 E)		
Total for the reporting period (4)	\$	0.00
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>		\$300.00

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$		
Michael Pipestone					5/12/2025				\$
House #	1130	Street Address			W Market Street		Date [MM/DD/YYYY]		
Bethlehem		State	PA	Zip Code		18018		Date [MM/DD/YYYY]	
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
Jeff Parks					5/19/2025				\$
House #	223	Street Address			E Church Street		Date [MM/DD/YYYY]		
Bethlehem		State	PA	Zip Code		18018		Date [MM/DD/YYYY]	
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
									\$
House #		Street Address					Date [MM/DD/YYYY]		
		State		Zip Code				Date [MM/DD/YYYY]	
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
									\$
House #		Street Address					Date [MM/DD/YYYY]		
		State		Zip Code				Date [MM/DD/YYYY]	
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
									\$
House #		Street Address					Date [MM/DD/YYYY]		
		State		Zip Code				Date [MM/DD/YYYY]	
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
									\$
House #		Street Address					Date [MM/DD/YYYY]		
		State		Zip Code				Date [MM/DD/YYYY]	

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.

Filer Identification Number	
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										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		§			
House #		Street Address				Date [MM/DD/YYYY]		§			
City		State		Zip Code		Date [MM/DD/YYYY]		§			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		§			
House #		Street Address				Date [MM/DD/YYYY]		§			
City		State		Zip Code		Date [MM/DD/YYYY]		§			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		§			
House #		Street Address				Date [MM/DD/YYYY]		§			
City		State		Zip Code		Date [MM/DD/YYYY]		§			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		§			
House #		Street Address				Date [MM/DD/YYYY]		§			
City		State		Zip Code		Date [MM/DD/YYYY]		§			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		§			
House #		Street Address				Date [MM/DD/YYYY]		§			
City		State		Zip Code		Date [MM/DD/YYYY]		§			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		§			
House #		Street Address				Date [MM/DD/YYYY]		§			
City		State		Zip Code		Date [MM/DD/YYYY]		§			

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.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$ 250.00

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

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		§		
House #		Street Address				Date [MM/DD/YYYY]		§	
City		State		Zip Code		Date [MM/DD/YYYY]		§	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		§		
House #		Street Address				Date [MM/DD/YYYY]		§	
City		State		Zip Code		Date [MM/DD/YYYY]		§	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		§		
House #		Street Address				Date [MM/DD/YYYY]		§	
City		State		Zip Code		Date [MM/DD/YYYY]		§	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		§		
House #		Street Address				Date [MM/DD/YYYY]		§	
City		State		Zip Code		Date [MM/DD/YYYY]		§	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business									

SCHEDULE II

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**

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

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)		\$
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PART E
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 Number:	
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Full Name										
House #		Street Address								
City					State				Zip Code	
									Date [MM/DD/YYYY]	
Receipt Description										

Full Name										
House #		Street Address								
City					State				Zip Code	
									Date [MM/DD/YYYY]	
Receipt Description										

Full Name										
House #		Street Address								
City					State				Zip Code	
									Date [MM/DD/YYYY]	
Receipt Description										

Full Name										
House #		Street Address								
City					State				Zip Code	
									Date [MM/DD/YYYY]	
Receipt Description										

Full Name										
House #		Street Address								
City					State				Zip Code	
									Date [MM/DD/YYYY]	
Receipt Description										

Full Name										
House #		Street Address								
City					State				Zip Code	
									Date [MM/DD/YYYY]	
Receipt Description										

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$ 50.01 TO \$ 250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									

Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									

Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									

Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									

Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code			\$	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code			\$	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code			\$	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code			\$	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Friends of Hillary Kwiatek				Date [MM/DD/YYYY]		05/09/2025		\$ 1,000	
House #	638	Street Address		Spring Street		Description of Expenditure					
City	Bethlehem	State	PA	Zip Code	18018	Campaign Contribution					
To Whom Paid		Blue Vanguard				Date [MM/DD/YYYY]		05/09/2025		\$ 7,256.73	
House #	901	Street Address		King Street Floor 2		Description of Expenditure					
City	Alexandria	State	VA	Zip Code	22314	Direct mail					
To Whom Paid		Squarespace				Date [MM/DD/YYYY]		05/18/2025		\$ 34.98	
House #	225	Street Address		Varick Street		Description of Expenditure					
City	New York	State	NY	Zip Code	10014	Website hosting					
To Whom Paid		Committee to Elect Frank Pintabone				Date [MM/DD/YYYY]		05/27/2025		\$ 300	
House #	1107	Street Address		Berwick Street		Description of Expenditure					
City	Easton	State	PA	Zip Code	18042	Campaign Contribution					
To Whom Paid						Date [MM/DD/YYYY]					
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]					
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]					
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]					
House #		Street Address				Description of Expenditure					
City		State		Zip Code							

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							