UESETIONI I INITIONI

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

			(14)	UlG. III		•					JIG.	IL SHO	ulu be t		_						
Filer Identification Number	-					ort l ark)	Filed B ()	ly	Candid	ate		X	Comm	ittee					Lobby	/ist	
Name of Filing C Lobbyist	ommitte	e, Ca	ndidate o	r	J. William Reynolds																
Street Address					1718 N New Street																
City	Be	thlehe	em		State			PA			Zip Co	de	180	18	· · · · · · · · ·						
Type of Report (F	Place x ui	nderı	report typ	e)				·													
1-6th Tuesday 2- 2nd Friday 3-30 Day Post 4-6th Tuesday 5-2nd Friday				6-3) Day	y Post	7- Ann	ual	Spe	cial 2	^{no} Frida	av	Specia	al 30 l)av						
	Pre-Prim	-	Primary			Election Pre- Election		1		, . oo.	, , , , , ,			Elect		- 1	Post-l		-		
			X																		
Date Of Election (MM/DD/YYYY)			05/20/2	2025	Yea	ır	2025			Rep		nent			Ten Rep	minat ort	tion				
Summary of Rec	eipts and	i	From Da	ate		T	o Date)		T			·	For	Office	Use	Only				
Expenditures			5/6/	/2025	_		6	/9/202	5	i											
A. Amount Broug	ht Forw	ard F	rom Last	Report	1	8		0.00										***************************************			
B. Total Monetary Contributions and Receipts (From Schedule I)																					
C. Total Funds Available (Sum of Lines A and B)																					
D. Total Expenditures (From Schedule III)			7	8		0.00													,		
E. Ending Cash Balance (Subtract Line D from Line C) 0.00																					
	ue of In-Kind Contributions Received																				
G. Unpaid Debts (From Schedule i	and Obli	gatio	ns		1	1		0.00													
								Af	fidavit S	ction											
Part 1- If this is a Co																					
I swear (or affirm) t				he attac	hed s	ched	ules or	paper,	is to the	best of	my k	nowled	lge and be	ellef tr	ue, co	rrect	and com	plete	•		
Sworn to and subsc	ribed befo てレルの		e this 20_ _2	1	D.		Doole	- 16-4-	ania - No ary Publ	· - '				•							
- 1 1/2 day 01	1000			Myo	omr	nissio	Lehigi	h Cour	nty hruary	18 202	Sig	nature	of Person	Subm	itting (report	<u> </u>		_		•
∠ S	ignature		-	1				, 0		. .	•	J. W	Printed	Name		70 H	* 5				•
X.	-	>	17	Mem	ber, f	enn	sylvani	a Assoc	iation of	Notarie 6 I	s D					.01	69 J				
My Commission exp	oresM	0.	DAY	YR.	-				_	Area Co			_				one Nur				
Dort II. If this is a say	ort of a f	andle	latala Auth	odrad C	·	istaa	oandi	data sh	all elan k	0.00							····				
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 subsc	ribed befo	ore me																			
day of			20	······································	-	•						Sign	ature of C	andid	ate				-		
Si	gnature	ure			Printed Name																
My Commission exp					-							_									
	MO	•	DAY	YR.					i	Area Cod	de			Dayti	me Te	lepho	ne Num	ber			

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

		(Note: I		•		ciear an	a legible.	it sno	ula de typed	(Note: This report must be clear and legible. It should be typed)									
Filer Identificati Number				Report Filed By Candid (Mark X)		Candida	ate		Committee		X	Lobby	st						
Name of Filing C Lobbyist	Committee, Ca	indidate or	Frie	nds of J. V	Villiam	Reynold	s												
Street Address			171	1718 N New Street						,		•	•						
City	Bethleh	em	State			PA Zip Code			18018			•							
Type of Report (I	Place x under	report type)																	
			1		7- Annual	Special 2" Pre-Electi	•		l 30 Day lection										
		X			Γ	***************************************													
Date Of Election (MM/DD/YYYY)		05/21/2025	Yea	<u> </u>	2	2025	Amendr Report	nent		Terminati Report	on								
Summary of Rec	eints and	From Date		To Date	<u> </u>				For	Office Use (Inly								
Expenditures						101		211. y											
A. Amount Brought Forward From Last Report				\$3	4,383.	.39													
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	300.0	0													
C. Total Funds Available (Sum of Lines A and B)			8	\$3	\$34,683.39														
D. Total Expenditures (From Schedule III)			\$		3,591.7	71	-												
E. Ending Cash Balance (Subtract Line D from Line C) \$ 26,091.68			68																
F. Value of In-Kind Contributions Received (From Schedule II) 0.00																			
G. Unpaid Debts (From Schedule I		ns	8		0.00			1974					-						
David Wallata and				L		fidavit Sec					1.								
Part 1- If this is a Co I swear (or affirm) the									ge and belief tru	ie, correct an	id complet	e.							
Sworn to and subsci	•	this Commo	nwealt	h of Penns	vivania	- Notary		·	-		·								
	JUNZ	2025		Rosko, N Lehi d h Co		-ubile	< _												
			missi	on expires ssion num	Febru		⁰² ⁄#∧/ሸ	71P\A	- CIAUILAUDIIII	AGOU	`								
	Augres o			sylvar ia As			ries	1 L V V	Printed Name	, , , , , ,									
My Commission exp	ires 02	17 76			. ,	(610		9	42-3	571								
,	MO.	DAY YR.	-			***************************************	rea Code	***	Dayt	ime Telephor	ne Number	•							
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.																			
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 June 20 2 Commonwealth of Pennsylvania - Notary 80 Paul E. Rosko, Notary Public Signature of Capdidate																			
g disease y only	ınature		Con	Lehigi ssion expl mission n	res Fe umbe	bruar y 1 r 114099	1	r. W.	rinted Name	0125									
My Commission expi	res_02 T			ennsylvania				-		8-869	<u> </u>	_							
	MO. I	DAY YR.				Ar	ea Code		Daytin	ie Telephone	Number								
													ļ						

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number			

1.Unitermized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	3	\$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)	8	\$250.00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	18	0.00
Ali Other Contributions (Part D)	8	0.00
Total for the reporting period (3)	8	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	0.00
	1	1

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.)

		 and the second s	the manager of the same and the	and the second second by the second s
Filer Identification Number:				
•	W. 1910 11 11 11 11 11 11 11 11 11 11 11 11 1			

Full Name of C				Date [MM/DD/YYYY]	
	Michael Pipe	estone	5/12/2025	\$150.00	
House #	Street Address			Date [MM/DD/YYYY]	1
113	U \	N Market Street			
City Bethle	hem	State PA	Zip Code 18018	Date [MM/DD/YYYY]	1
Full Name of C					
ruii Name oi G	Jeff Parks				\$100.00
House #			<u></u>	5/19/2025 Date [MM/DD/YYYY]	1
223	Street Address	E Church Street		Date (mm/pb/1111)	
City		State	Zip Code	Date [MM/DD/YYYY]	1
Bethlel	hem	PA	18018		
Full Name of C	ontributor	The district control of the control		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	0
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ontributor		errogist filmtiler (s. e.e.) given hande er	Date [MM/DD/YYYY]	·
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntelbutor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] 1	
City		State	Zip Code	Date [MM/DD/YYYY]	
		4.00	•		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Gode	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 Identificati	on Number				
					Amount
Full Name of C Committee	Contributing			Date [MM/DD/YYYY]	8
House #	Street Addres	88		Date [MM/DD/YYYY]	. 3
		-			
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of C	ontributing	College State (State State Sta		Date [MM/DD/YYYY]	3 :
Committee					
House #	Street Addres	33		Date [MM/DD/YYYY]	8
					, in
City		State	Zip Code	Date [MM/DD/YYYY]	
		Spare (case)	The State of the Control of the Cont		Asset .
Full Name of C Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	 Street Addres	al		Data (SAMA/DD/MMM)	
House #	offeet Waries	3		Date [MM/DD/YYYY]	
City		Ctoto	7-0-4	Data (8484/DD 00000	
oity pains incre		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	
House #	Street Address	3		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	3
in and the later of the later o		1948 Nove	100		1422
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
	A P				
House #	Street Address			Date [MM/DD/YYYY]	\$
					<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ntributing	2.3		Date [MM/DD/YYYY]	\$.
Committee					.es
House #	Street Address			Date [MM/DD/YYYY]	8 -
Nite:		DAG!	7:- 0-1-	B. 1. F1511 / B. (1995)	
City		State	Zip Code	Date [MM/DD/YYYY]	
may spirit		in the second	State of the state		.4.4

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 Identificati	on Number:				
Full Name of Contributing 0	Committee			Date [MM/DD/YYYY] 8	
House #	Street Addr	ess .		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 1	
Full Name of Contributing C	ommittee -			Date [MM/DD/YYYY] \$	
House #	Street Addre	B\$\$		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	en de gellen de generalen d
House #	Street Addre	388		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 1	No control and control
Full Name of Contributing Co	ommittee		,	Date [MM/DD/YYYY] \$	
House #	Street Addre	88		Date [MM/DD/YYYY]	
City	A separate parties and a second	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
House #	Street Addres	18		Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	ś		Date [MM/DD/YYYY]	
City	For manufacture and historical explosions,	State	Zip Code	Date [MM/DD/YYYY] \$	

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 Identificatio		우구 강조		
Full Name of Co	ontributor	Berlinden, overeen		Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY]
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e			Occupation
Employer Maili Principal Place	ing Address / of Business			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 1
City		State	Zip Code	Date [MM/DD/YYYY] 3
Employer Name			Occupation	
Employer Maili Principal Place	of Business			
Full Name of Co	Intributor			Date [MM/DD/YYYY]
House #	Street Address	Maria		Date [MM/DD/YYYY]
City		State	Zip Code	Date [MM/DD/YYYY]
Employer Name			Sec 201-200 state that and deligner rest asset 1	Occupation
Employer Mailir Principal Place o				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY]
 Employer Name				Occupation
Employer Mailin				

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:			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	11 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	*	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			

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:			
Full Name				
House #	Street Address			
				The Part of the Pa
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Descript	ion	The 200 Person	Market Structure 1	1200-1
Full Name				
House #	Street Address		ACT PARTY PA	·
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Descripti	ion.	And Almost Andrews		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description	on	[25]		
Full Name				
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description	in .			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	on Number:				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] \$	
House,	all cer Audi on			Date [Mini/DD/13111]	
City		State	. Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of G	Contribution				
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of G	ontribution	Till to the control of the control o		- Indicated	
Full Name of Co	ntributor	266		Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution		POR STANDARD TO THE STAND	[Sec. 2]	A
Full Name of Con	atributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date [MM/DD/YYYY]	
Description of Co	Intribution				

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identificati	ion Number:			
Full Name of (Contributor			Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY]
Employer Nan	me			Occupation
Employer Mai Place of Busin	niling Address / Principal ness			Description of Contribution
Full Name of C	Contributor			Date [MM/DD/YYYY] 8
House #	Street Address	,		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY]
Employer Nam	N8			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of C	iontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 3
City		State	Zip Code	Date [MM/DD/YYYY] 8
Employer Nam	NB .			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] 1
Employer Name		Section 2 Section 2	Participant Change and to the processing of the control of the con	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution	

Statement of Expenditures

	The second of th	the control of the second seco	 [4] A. Berlin, A. Alexander, SQUARTER (1983). 	50-10g-18-04-10g-18-04-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Side of the Cartest Cartest Control of the Cartest Control of the Cartest Cartest Cartest Control of the Cartest Carte
Filer Identification Number:					,

To Whom Paid			Date [MM/DD/YYYY]	3			
	Friends of Hillary	Kwiatek		05/09/2025	1,000		
House # 638	Street Address	Street Address Spring Street			ure .		
City		State _ Zip					
Bethlehe	em	PA	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 Expenditu	ire :		
City	ria	State VA	Zip Code 22314	Direct mail			
To Whom Paid				Date [MM/DD/YYYY]	•		
	Squarespace			05/18/2025	34.98		
House # 225	Street Address ,	Varick Street		Description of Expenditu	re		
City		State	Zip				
New York	k .	NY	Code 10014	Website hosting			
To Whom Paid	Committee to Elec	et Frank Pintahone		Date [MM/DD/YYYY]	3		
		C Frank Finlabone		05/27/2025	300		
House # 1107	Street Address	Berwick Street		Description of Expenditu	re		
City Easton State PA Zip Code 18042				Campaign Contribution			
To Whom Paid				Date [MM/DD/YYYY]			
House #	Street Address			Description of Expenditu	re i		
City		State	Zip				
			Code				
To Whom Paid	•			Date [MM/DD/YYYY]			
House #	Street Address			Description of Expenditur	8		
City		State	Zip				
			Code				
To Whom Paid		14 (2014) 7. 1 (24.7)		Date [MM/DD/YYYY]			
House #	Street Address			Description of Expenditur	8		
					N. 10 (4. 1.182)		
City		State	Zip Gode				
To Whom Paid		Newsoft Straintheast (ALS)		Date [MM/DD/YYYY] \$			
House#	Street Address			Description of Expenditure			
	ou cor muul 835			Promibuon of Exhemitate			
City		State	Zip Code	The second of the second of the contraction of the second			
			ODUG-				

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	on Number:		
Name of Gredi	itor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INC [MM/DD/YY	CURRED \$
City		State Zip Code	C STATE OF THE STA
Description of			
Name of Credit			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCI [MM/DD/YY	
City		State Zip Code	
Description of I	Debt .		高端
Name of Credit	tor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCL [MM/DD/YY	
City		State Zip Code	
Description of D			
Name of Credit		PATE DERT INC	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCU [MM/DD/YY)	
City	And the second s	State Zip Code	
Description of D	Jebt		Paragraph (1997)
Name of Credito	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCU [MM/DD/YYY	
City		State Zip Code	
Description of D	lebt		
Name of Credito	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCUI	
City		State Zip Code	
Description of De	abt	<i>i</i>	