

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) | <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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 11/04/25 | 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 |
|--|------------|------------|---|
| | 06/10/2025 | 10/20/2025 | |
| A. Amount Brought Forward From Last Report | \$ | 0 | <div style="transform: rotate(-15deg);"> OCT 24 2025 County Of Northampton Election Division 669 Washington St. Easton, PA. 18042 </div> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 0 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 0 | |
| D. Total Expenditures (From Schedule III) | \$ | 0 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 0 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | |

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 24th day of OCTOBER 2025

Signature

My Commission expires Commonwealth of Pennsylvania - Notary Seal
Paul E. Reske, Notary Public
MO. Lehigh County
DAY YR.
 My commission expires February 18, 2026

Signature of Person Submitting report

J. William Reynolds

Printed Name

610 428-8692

Area Code 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

My Commission expires _____ MO. DAY YR.

Signature of Candidate

Printed Name

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) | <input checked="" type="checkbox"/> | 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 11/04/25 | Year | 2025 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| | | | |
|--|-----------|-------------|---|
| Summary of Receipts and Expenditures | From Date | To Date | <p>For Office Use Only</p> <p>County Of Northampton Election Division 669 Washington St. Easton, PA. 18042</p> <p>OCT 24 2025</p> |
| A. Amount Brought Forward From Last Report | 6/11/25 | 10/20/25 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$26,091.68 | |
| C. Total Funds Available (Sum of Lines A and B) | | 0.00 | |
| D. Total Expenditures (From Schedule III) | | \$26,091.68 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$2,174.90 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$23,916.10 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$15,000.00 | |
| | | 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

24th day of October 20 25

My Commission expires 02 18 26
 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 M. GRASON
 Printed Name
 610
 Area Code
 842-3571
 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

21st day of October 20 25

My Commission expires 02 18 26
 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
 610
 Area Code
 428-8692
 Daytime Telephone Number

Member, Pennsylvania Association of Notaries

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) | \$ | |
| 2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B) | | | |
| Contributions Received from Political Committees (Part A) | | \$ | |
| All Other Contributions (Part B) | | \$ | |
| Total for the reporting period | (2) | \$ | |
| 3. Contributions Over \$ 250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | |
| All Other Contributions (Part D) | | \$ | |
| Total for the reporting period | (3) | \$ | |
| 4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | | |
| Total for the reporting period | (4) | \$ | |
| 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> | | \$ | |

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 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 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] | \$ | |
| 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 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: | |
|-------------------------------------|--|

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

| | | | | | | | |
|--|--|-----------------------|--|-----------------|--------------------------|----|--|
| 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 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: | |
|-------------------------------------|--|

| | | | | | | | |
|---|--|-----------------------|--|-----------------|--------------------------|--------------------------|----|
| 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 | | | | | | | |
| | | | | | | | |

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 | | | | | | | |
| 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

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 CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period (1) | \$ | 0 |

| | | |
|---|----|---|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period (2) | \$ | 0 |

| | | |
|---|----|----------|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period (3) | \$ | \$15,000 |

| | | |
|---|----|----------|
| 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) | \$ | \$15,000 |
|---|----|----------|

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

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | | | |
|-----------------------------|--|----------------|--|----------|-------------------|-------------------|----|----|--|
| 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: | |
|-------------------------------------|--|

| | | | | | | | | | | |
|---|-----------|--|--|-----------------|------------------|-------|------------------------------------|--|----|----------|
| Full Name of Contributor | | | | | Michael Perrucci | | Date [MM/DD/YYYY] | | \$ | \$15,000 |
| | | | | | | | 07/08/2025 | | | |
| House # | 2351 | | Street Address | Washington Lane | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Bethlehem | | State | PA | Zip Code | 18015 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| Employer Name | | | Self Employed | | | | Occupation | Attorney | | |
| Employer Mailing Address / Principal Place of Business | | | 2351 Washington Lane Bethlehem, PA 18015 | | | | Description of Contribution | Shared state and regional polling data | | |
| 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 | | | | | | | 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] | | \$ | |
| | | | | | | | | | | |
| 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 | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| Employer Name | | | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | Description of Contribution | | | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | | |
|---------------------|-----------|-------------------------------------|-------------------|-----------------|-------|-----------------------------------|----|----------|
| To Whom Paid | | Squarespace | | | | Date [MM/DD/YYYY] | \$ | \$34.98 |
| | | | | | | 06/19/25 | | |
| House # | 225 | Street Address | Varick Street #12 | | | Description of Expenditure | | |
| City | New York | State | NY | Zip Code | 10014 | Website Hosting | | |
| To Whom Paid | | Lehigh Valley For All | | | | Date [MM/DD/YYYY] | \$ | \$500.00 |
| | | | | | | 07/16/25 | | |
| House # | | Street Address | PO BOX 442 | | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18016 | Campaign Contribution | | |
| To Whom Paid | | Kevin McNulty | | | | Date [MM/DD/YYYY] | \$ | \$500.00 |
| | | | | | | 07/17/25 | | |
| House # | 3026 | Street Address | Rambeau Road | | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Primary Campaign Work | | |
| To Whom Paid | | Squarespace | | | | Date [MM/DD/YYYY] | \$ | \$34.98 |
| | | | | | | 07/19/25 | | |
| House # | 225 | Street Address | Varick Street #12 | | | Description of Expenditure | | |
| City | New York | State | NY | Zip Code | 10014 | Website Hosting | | |
| To Whom Paid | | Friends of Tara Zrinski | | | | Date [MM/DD/YYYY] | \$ | \$500.00 |
| | | | | | | 08/01/25 | | |
| House # | 1341 | Street Address | Linden Street | | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Campaign Contribution | | |
| To Whom Paid | | Squarespace | | | | Date [MM/DD/YYYY] | \$ | \$34.98 |
| | | | | | | 08/19/25 | | |
| House # | 225 | Street Address | Varick Street #12 | | | Description of Expenditure | | |
| City | New York | State | NY | Zip Code | 10014 | Website Hosting | | |
| To Whom Paid | | Bethlehem City Democratic Committee | | | | Date [MM/DD/YYYY] | \$ | \$500.00 |
| | | | | | | 10/6/25 | | |
| House # | | Street Address | PO BOX 1792 | | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18016 | Campaign Contribution | | |
| To Whom Paid | | Squarespace | | | | Date [MM/DD/YYYY] | \$ | \$69.96 |
| | | | | | | 10/19/25 | | |
| House # | 225 | Street Address | Varick Street #12 | | | Description of Expenditure | | |
| City | New York | State | NY | Zip Code | 10014 | Website Hosting | | |

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: | |
|-------------------------------------|--|

| | | | | | | | |
|----------------------------|--|-----------------------|--|--|--|------------------------------------|--|
| 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 | | | | | | | |