

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	1.	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST	3.
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 (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		1. Mayor of Bethlehem				Dem		MO.	DAY
2ND FRIDAY PRE-PRIMARY		2.						11	04
30 DAY POST-PRIMARY		3.						2025	
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			MO.		DAY	YEAR	TO
		11			25	25	12	31	25
		CASH BALANCE AT END OF REPORTING PERIOD:			\$		23,846.14		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$		0.00		
		AMENDMENT REPORT?			YES		NO	<input checked="" type="checkbox"/>	
		TERMINATION REPORT?			YES		NO	<input checked="" type="checkbox"/>	
FOR OFFICE USE ONLY									

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF 20

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT

ANDREW M. GRASOW

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

J. William Reynolds

PRINTED NAME

610

AREA CODE

428-8692

DAYTIME TELEPHONE NUMBER



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration 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), Non-Bid Contract Reporting Form (DSEB-504) 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, Candidate, or Lobbyist				
Friends of J. William Reynolds				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

ANDREW M. GRASOW

Printed Name

01/29/2026

Date (MM/DD/YYYY)

Bethlehem PA

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
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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 accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

01/26/2026
Date (MM/DD/YYYY)

J. William Reynolds

Printed Name

Bethlehem, PA USA

Location (City/State/Country)

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 Mayor of Bethlehem		DISTRICT NO.		PARTY Dem		DATE OF ELECTION	
								MO.	DAY
6TH TUESDAY PRE-PRIMARY		1.						11	
2ND FRIDAY PRE-PRIMARY		2.						04	
30 DAY POST-PRIMARY		3.						2025	
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		MO.		DAY		YEAR		TO		MO.		DAY		YEAR	
		11		25		25				12		31		25	

CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0.00	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0.00	

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

2025 JAN 29 3 42 PM EST

AFFIDAVIT SECTION

PART I -

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If statement is filed on behalf of a Candidate, the Candidate must sign here.

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SWORN TO AND SUBSCRIBED BEFORE ME THIS			
_____ DAY OF _____ 20__		SIGNATURE OF PERSON SUBMITTING REPORT	
_____ SIGNATURE		J. William Reynolds	
MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.		PRINTED NAME	
		610 428-8692	
		AREA CODE DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

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SWORN TO AND SUBSCRIBED BEFORE ME THIS			
_____ DAY OF _____ 20__		SIGNATURE OF CANDIDATE	
_____ SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.		AREA CODE DAYTIME TELEPHONE NUMBER	



Pennsylvania Department of State

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Name of Filing Committee, Candidate, or Lobbyist				
J. William Reynolds				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

01/26/2026

Date (MM/DD/YYYY)

J. William Reynolds

Printed Name

Bethlehem, PA USA

Location (City/State/Country)