

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	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>1718 N. New Street</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 <i>Mayor of Bethlehem</i>			DISTRICT NO.	PARTY <i>Dem</i>	DATE OF ELECTION MO. DAY YEAR <i>11 04 2025</i>																																						
6TH TUESDAY PRE-PRIMARY	1.						FOR OFFICE USE ONLY <i>2025 CAMPAIGN FUND</i>																																						
2ND FRIDAY PRE-PRIMARY	2.																																												
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"/>																																												
<table border="1"> <tr> <td colspan="3">DATES OF REPORTING PERIOD <i>11 25 25</i></td> <td>TO</td> <td colspan="3"><i>12 31 25</i></td> </tr> <tr> <td colspan="6">CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>23,846.14</i></td> <td></td> </tr> <tr> <td colspan="6">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0.00</i></td> <td></td> </tr> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> <td colspan="3"></td> </tr> </table>									DATES OF REPORTING PERIOD <i>11 25 25</i>			TO	<i>12 31 25</i>			CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>23,846.14</i>							TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0.00</i>							AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>				TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>			
DATES OF REPORTING PERIOD <i>11 25 25</i>			TO	<i>12 31 25</i>																																									
CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>23,846.14</i>																																													
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0.00</i>																																													
AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>																																									
TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>																																									

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate'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 OF PERSON SUBMITTING REPORT

Andrew M. Grason

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES

MO. DAY YR.

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 OF CANDIDATE

J. William Reynolds

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES

MO. DAY YR.

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				
<i>Friends of J. William Reynolds</i>				
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. GRASON

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

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.

01/26/2026

Signature of Treasurer, Candidate, or Lobbyist

J. William Reynolds

Printed Name

Date (MM/DD/YYYY)

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 <input checked="" type="checkbox"/>	2. <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	3. <input type="checkbox"/>																								
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>J. William Reynolds</i>																																
STREET ADDRESS <i>1718 N. New Street</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 <i>Mayor of Bethlehem</i>			DISTRICT NO.	PARTY <i>Dem</i>	DATE OF ELECTION MO. <i>11</i> DAY <i>04</i> YEAR <i>2025</i>																									
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>		1.		DATES OF REPORTING PERIOD		MO. <i>11</i> DAY <i>25</i> YEAR <i>25</i> TO MO. <i>12</i> DAY <i>31</i> YEAR <i>25</i>	FOR OFFICE USE ONLY																									
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>		2.																														
30 DAY POST-PRIMARY <input type="checkbox"/>		3.																														
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>		4.																														
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>		5.																														
30 DAY POST-ELECTION <input type="checkbox"/>		6.																														
ANNUAL REPORT <input checked="" type="checkbox"/>		7.																														
<table border="1"> <tr> <td colspan="3">CASH BALANCE AT END OF REPORTING PERIOD:</td> <td colspan="3">\$ <i>0.00</i></td> </tr> <tr> <td colspan="3">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td colspan="3">\$ <i>0.00</i></td> </tr> <tr> <td colspan="2">AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td colspan="2"><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td colspan="2"><input checked="" type="checkbox"/></td> </tr> </table>									CASH BALANCE AT END OF REPORTING PERIOD:			\$ <i>0.00</i>			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ <i>0.00</i>			AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>	
CASH BALANCE AT END OF REPORTING PERIOD:			\$ <i>0.00</i>																													
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ <i>0.00</i>																													
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>																												
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>																												

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate'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 OF PERSON SUBMITTING REPORT

J. William Reynolds

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES

MO. *610* DAY *428-8692* YR.

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 OF CANDIDATE

SIGNATURE

MY COMMISSION EXPIRES

MO. *610* DAY *428-8692* YR.

PRINTED NAME

AREA CODE

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				
<i>J. William Reynolds</i>				
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

J. William Reynolds

Printed Name

01/26/2026

Date (MM/DD/YYYY)

Bethlehem, PA USA
Location (City/State/Country)