



## 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		34 W Elizabeth Avenue					
City	Bethlehem	State	PA	Zip Code	18018		

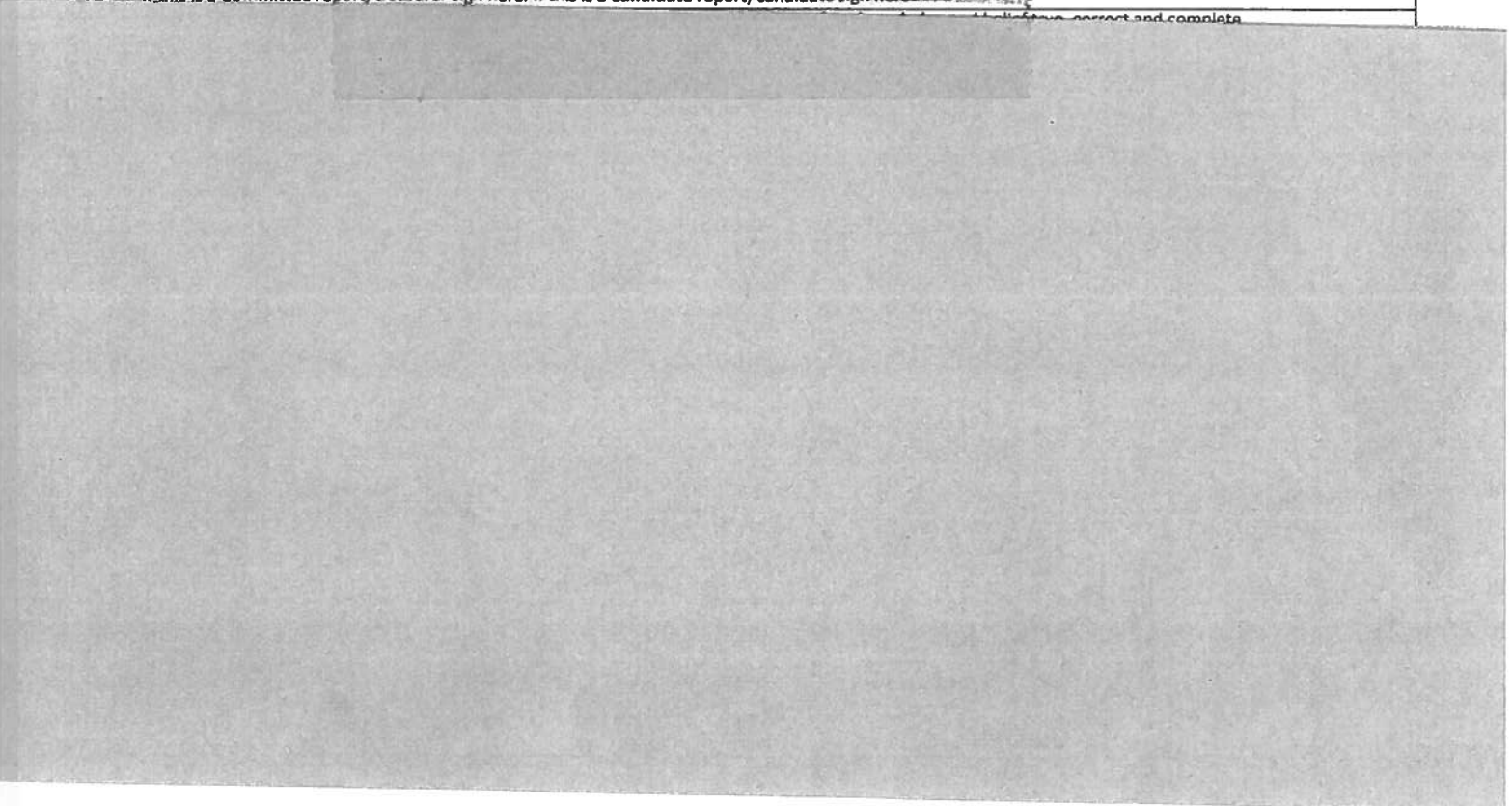
Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
01/04/18		2018		<del>2018</del>		<input type="checkbox"/>		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/01/18	12/31/18	
A. Amount Brought Forward From Last Report	\$	- 341.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	341.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	341.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 341.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 341.00	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.



SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	341.00
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>		\$	341.00

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Wix.com	Date [MM/DD/YYYY]	\$ 341.00
House #	Street Address	Description of Expenditure	
235	W 23rd Street 8 <sup>th</sup> Floor	Website purchase	
City	State	Zip Code	
New York	NY	10011	
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	
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	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refund s received, interest earned, returned checks and prior expe nditures that were returned to the filer.

Filer Identification Number:	
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Full Name	Friends of J. William Reynolds								
House #	34	Street Address	W Elizabeth Avenue						
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	01/30/2018	\$	341.00
Receipt Description	Website reimbursement								

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									

# 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	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of J. William Reynolds				
Street Address		34 W Elizabeth Avenue				
City	Bethlehem	State	PA	Zip Code	18018	

Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/06/2018	Year	2018	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2018	12/31/2018	
A. Amount Brought Forward From Last Report	\$	26,369.87	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	26,369.87	
D. Total Expenditures (From Schedule III)	\$	1,938.42	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	24,431.45	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-341.00	

Affidavit Section

Part 1- 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.

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

Filer Identification Number	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
Total for the reporting period	(2)	\$ 0.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period	(3)	\$ 0.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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>	\$	0.00



SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		GoDaddy.com			Date [MM/DD/YYYY]	\$	147.25
House #	Street Address				Description of Expenditure		
14455	N Hayden Road				Website renewal		
City	State	Zip Code					
Scottsdale	AZ	85260					
To Whom Paid		J. William Reynolds			Date [MM/DD/YYYY]	\$	341.00
House #	Street Address				Description of Expenditure		
34	W Elizabeth Avenue				Website reimbursement		
City	State	Zip Code					
Bethlehem	PA	18018					
To Whom Paid		Bethlehem City Democratic Committee			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Description of Expenditure		
	PO Box 1792				Event Sponsorship		
City	State	Zip Code					
Bethlehem	PA	18018					
To Whom Paid		Morganelli for Congress			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address				Description of Expenditure		
835	Barnsdale Road				Campaign contribution		
City	State	Zip Code					
Bethlehem	PA	18017					
To Whom Paid		Friends of Dean Donaher			Date [MM/DD/YYYY]	\$	250.00
House #	Street Address				Description of Expenditure		
710	Wedgewood Road				Campaign contribution		
City	State	Zip Code					
Bethlehem	PA	18017					
To Whom Paid		Friends of Lisa Boscola			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Description of Expenditure		
	PO Box 1294				Campaign contribution		
City	State	Zip Code					
Bethlehem	PA	18016					
To Whom Paid		Friends of Amy Cozze			Date [MM/DD/YYYY]	\$	150.00
House #	Street Address				Description of Expenditure		
143	S Main Street				Campaign contribution		
City	State	Zip Code					
Nazareth	PA	18064					
To Whom Paid		Bethlehem City Democratic Committee			Date [MM/DD/YYYY]	\$	300.00
House #	Street Address				Description of Expenditure		
	PO Box 1792				Golf Tournament Sponsorship		
City	State	Zip Code					
Bethlehem	PA	18018					

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:

To Whom Paid		O'Brien Dinner			Date [MM/DD/YYYY]	\$	125.00
House #	53	Street Address	E Lehigh Street		10/17/2018		
City	Bethlehem	State	PA	Zip Code	18018	Description of Expenditure Dinner sponsorship Ad	
To Whom Paid		Roosevelt's 21st			Date [MM/DD/YYYY]	\$	105.00
House #	21	Street Address	E Elizabeth Avenue		10/17/2018		
City	Bethlehem	State	PA	Zip Code	18018	Description of Expenditure Reception Event Deposit	
To Whom Paid		Bethlehem Brew Works			Date [MM/DD/YYYY]	\$	50.00
House #	559	Street Address	Main Street		11/16/2018		
City	Bethlehem	State	PA	Zip Code	18018	Description of Expenditure Event Deposit	
To Whom Paid		GoDaddy			Date [MM/DD/YYYY]	\$	20.17
House #	14455	Street Address	North Hayden Road		12/27/2018		
City	Scottsdale	State	AZ	Zip Code	18018	Description of Expenditure Domain renewal	
To Whom Paid		Wix			Date [MM/DD/YYYY]	\$	50.00
House #	235	Street Address	W 23rd Street 8th Floor		12/27/2018		
City	New York	State	NY	Zip Code	10011	Description of Expenditure Email purchase	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address					
City		State		Zip Code		Description of Expenditure	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address					
City		State		Zip Code		Description of Expenditure	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address					
City		State		Zip Code		Description of Expenditure	



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		J. William Reynolds				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 341.00	
34	W Elizabeth Avenue						
City	State	Zip Code					
Bethlehem		PA	18018				
Description of Debt							
Website purchase							

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							