

# 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
Name of Filing Committee, Candidate or Lobbyist		J. William Reynolds		
Street Address		34 W Elizabeth Ave		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		06/19/15
A. Amount Brought Forward From Last Report	\$	0
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

For Office Use Only

### 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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Person Submitting report

\_\_\_\_\_  
Printed Name

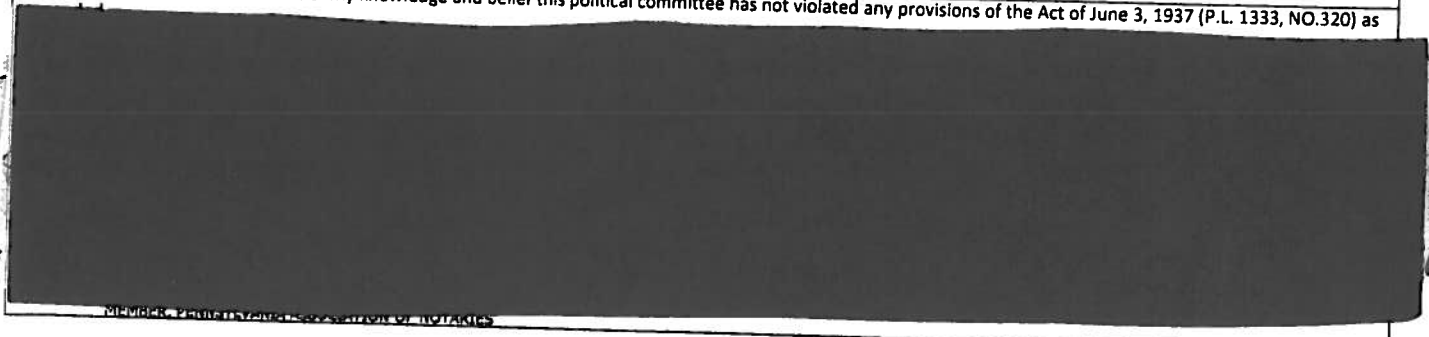
My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
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



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Filer Identification Number	Report Filed By (Mark X)	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		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/17/15	10/19/2015	
A. Amount Brought Forward From Last Report	\$	31,968.41	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	150.00	
C. Total Funds Available (Sum of Lines A and B)	\$	32,118.41	
D. Total Expenditures (From Schedule III)	\$	2,132.80	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	29,985.61	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

## 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.

Sworn to and subscribed before me this

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)	\$	50.00
<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)		\$	100.00
Total for the reporting period	(2)	\$	100.00
<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)	\$	<del>0.00</del>
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>		\$	150.00

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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Joseph Piazza					06/25/2015		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1514	Ravenna Street Unit 2						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18015					
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]	\$	

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Markham Group, LLC			Date [MM/DD/YYYY]	\$	1,500.00
House #	1000	Street Address	W 3rd Street		Description of Expenditure		
City	Little Rock	State	AR	Zip Code	72201	Mail design	
To Whom Paid		Joseph P. Piazza			Date [MM/DD/YYYY]	\$	100.00
House #	1514	Street Address	Ravens Street Unit 2		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18015	Returned check	
To Whom Paid		National Penn Bank			Date [MM/DD/YYYY]	\$	30.00
House #	920	Street Address	W Broad Street		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Deposit Fee	
To Whom Paid		Pay Pal			Date [MM/DD/YYYY]	\$	5.00
House #	2211	Street Address	N 1st Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	Payment Services	
To Whom Paid		Pay Pal			Date [MM/DD/YYYY]	\$	5.00
House #	2211	Street Address	N 1st Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	Payment Services	
To Whom Paid		Pay Pal			Date [MM/DD/YYYY]	\$	5.00
House #	2211	Street Address	N 1st Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	Payment Services	
To Whom Paid		Pay Pal			Date [MM/DD/YYYY]	\$	5.00
House #	2211	Street Address	N 1st Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	Payment Services	
To Whom Paid		Bethlehem Brew Works			Date [MM/DD/YYYY]	\$	482.80
House #	559	Street Address	Main Street #101		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Reception Costs	