

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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| R | e | y | n | o | l | d | s | | | | | | | | | | | | |
| J | . | | W | i | l | l | i | a | m | | | | | | | | | | |

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

1718 N New Street Bethlehem PA 18018 (610) 428-8692

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this box if you are filing as a solicitor Check this box if you are amending an original filing

B Nominee C Public Official (Former) D Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A M a y o r o f B e t h l e h e m seeking hold held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A C i t y o f B e t h l e h e m

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Mayor Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 1

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box.

09 CREDITORS (See instruction page) If NONE, check this box.

Name: Bethlehem Federal Credit Union Address: 2317 Easton Avenue Bethlehem, PA 18018 Interest Rate 2.24 (car)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box.

Name: See Attached Address: (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box.

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box.

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

Bethlehem Food Co-Operative 717 N New Street Bethlehem, PA 18018 1 share 1/1200

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 3/1/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

J. William Reynolds Attachment
Statement of Financial Interests – 2021

Block 10) Direct or Indirect Sources of Income -

- Allentown School District 31 S Penn Street Allentown, PA
- City of Bethlehem 10 E Church Street Bethlehem, PA
- Rental Property (with Natalie Bieber) 34 W Elizabeth Avenue Bethlehem, PA