

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)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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 (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/19/2021	11/22/2021	
A. Amount Brought Forward From Last Report	\$	0	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">ENTERED</p> <p style="margin: 0;">2021 DEC -2 P 4: 01</p> <p style="margin: 0; font-size: small;">SOUTHAMPTON COUNTY ELECTION OFFICE EASTON, PA 18042</p> </div>
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	

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 _____ day of _____, 2021.

Notary Seal

Notary Public

April 8, 2023

R1164873

Notaries

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 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		1718 N New Street							
Qty	Bethlehem	State	PA	Zip Code	18018				

Type of Report (Face x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/19/2021	11/22/2021	
A. Amount Brought Forward From Last Report	\$	18,085.14	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">ENTERED</p> <p style="margin: 0;">2021 DEC - 2 P 4: 01</p> <p style="margin: 0; font-size: small;">SOUTHAMPTON COUNTY ELECTION OFFICE EASTON, PA 18042</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,300.00	
C. Total Funds Available (Sum of Lines A and B)	\$	21,385.14	
D. Total Expenditures (From Schedule III)	\$	17,054.45	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4,330.69	
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.

Notary Seal
 Notary Public
 Notary
 April 8, 2023
 1164873
 Division of Notaries

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	250.00
All Other Contributions (Part B)	\$	1000.00
Total for the reporting period (2)	\$	1250.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	2,000.00
Total for the reporting period (3)	\$	2,000.00
4. Other Receipts Refunds, Interest Earned, Returned Checks, ETC (From Part E)		
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>		\$ 3,300.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number											
										Amount	
Full Name of Contributing Committee					Friends of John Weinstein					Date [MM/DD/YYYY]	\$
										10/20/2021	250.00
House #	395		Street Address		Luann Drive					Date [MM/DD/YYYY]	\$
City	McKeesrocks		State	PA	Zip Code	15136				Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$
House #			Street Address							Date [MM/DD/YYYY]	\$
City			State		Zip Code					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$
House #			Street Address							Date [MM/DD/YYYY]	\$
City			State		Zip Code					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$
House #			Street Address							Date [MM/DD/YYYY]	\$
City			State		Zip Code					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$
House #			Street Address							Date [MM/DD/YYYY]	\$
City			State		Zip Code					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$
House #			Street Address							Date [MM/DD/YYYY]	\$
City			State		Zip Code					Date [MM/DD/YYYY]	\$

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]	\$	
Shawn Fox					10/19/2021		250.00
House #	807	Street Address			Date [MM/DD/YYYY]	\$	
		Breezewood Avenue					
City	Glenshaw	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	
				15116			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Kirk and Penny Buckley					10/20/2021		250.00
House #	650	Street Address			Date [MM/DD/YYYY]	\$	
		Morewood Avenue					
City	Pittsburgh	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	
				15213			
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]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor		Kevin Kinross		Date [MM/DD/YYYY]		10/21/2021		\$ 500.00	
House #	2209	Street Address		Ben Franklin Drive		Date [MM/DD/YYYY]		\$	
City	Pittsburgh	State	PA	Zip Code	15237	Date [MM/DD/YYYY]		\$	
Employer Name		Carey Group		Occupation		Attorney			
Employer Mailing Address/ Principal Place of Business		3365 Babcock Group Pittsburgh, PA 15237							
Full Name of Contributor		John and Marian Spirk		Date [MM/DD/YYYY]		11/04/2021		\$ 1,000.00	
House #	404	Street Address		Apollo Drive		Date [MM/DD/YYYY]		\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]		\$	
Employer Name		Northampton Community College		Occupation		Attorney			
Employer Mailing Address/ Principal Place of Business		3835 Green Pond Road Bethlehem, PA 18020							
Full Name of Contributor		Diana Morganelli		Date [MM/DD/YYYY]		11/04/2021		\$ 1,000.00	
House #	835	Street Address		Barnsdale Road		Date [MM/DD/YYYY]		\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]		\$	
Employer Name		Retired		Occupation		Retired			
Employer Mailing Address/ Principal Place of Business		None							
Full Name of Contributor				Date [MM/DD/YYYY]				\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business									

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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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							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]
							\$
Employer Name				Occupation			
Employer Mailing Address/ Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]
							\$
Employer Name				Occupation			
Employer Mailing Address/ Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]
							\$
Employer Name				Occupation			
Employer Mailing Address/ Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]
							\$
Employer Name				Occupation			
Employer Mailing Address/ Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	27.56
					10/19/2021		
House #	225	Street Address	Varick Center 12th Floor			Description of Expenditure	
City	New York	State	NY	Zip Code	10014	Website Hosting	
To Whom Paid		Lehigh Valley With Love			Date [MM/DD/YYYY]	\$	1,500.00
					10/22/2021		
House #	530	Street Address	Goepp Circle			Description of Expenditure	
City	Bethlehem	State	PA	Zip Code	18018	Social Media Design and Production	
To Whom Paid		Blue Vanguard Strategies, LLC			Date [MM/DD/YYYY]	\$	5,713.96
					10/24/2021		
House #	1111	Street Address	Queen Street			Description of Expenditure	
City	Alexandria	State	VA	Zip Code	22314	Direct Mail Production and Postage	
To Whom Paid		2i CraftHouse and Kitchen			Date [MM/DD/YYYY]	\$	3,189.54
					11/03/2021		
House #	21	Street Address	E Elizabeth Avenue			Description of Expenditure	
City	Bethlehem	State	PA	Zip Code	18018	Reception Costs	
To Whom Paid		Blue Vanguard Strategies, LLC			Date [MM/DD/YYYY]	\$	6,075.95
					11/04/2021		
House #	1111	Street Address	Queen Street			Description of Expenditure	
City	Alexandria	State	VA	Zip Code	22314	Direct Mail Production and Postage	
To Whom Paid		Act Blue			Date [MM/DD/YYYY]	\$	7.88
					11/04/2021		
House #		Street Address	PO Box 441146			Description of Expenditure	
City	Somerville	State	MA	Zip Code	02144	Processing Fees	
To Whom Paid		Act Blue			Date [MM/DD/YYYY]	\$	13.22
					11/12/2021		
House #		Street Address	PO Box 441146			Description of Expenditure	
City	Somerville	State	MA	Zip Code	02144	Processing Fees	
To Whom Paid		Jamal Knight			Date [MM/DD/YYYY]	\$	500.00
					11/06/2021		
House #	935	Street Address	N New Street			Description of Expenditure	
City	Bethlehem	State	PA	Zip Code	18018	Election Night Reception	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	27.56
					11/18/2021		
House #	225	Street Address	Varick Center 12th Floor		Description of Expenditure		
City	New York	State	NY	Zip Code	10014	Website Hosting	
To Whom Paid		Truist			Date [MM/DD/YYYY]	\$	12.00
					11/22/2021		
House #	920	Street Address	W Broad Street		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Service Charges	
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			

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					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						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						