

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 checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		J. William Reynolds						
Street Address		1718 N. New Street						
Qty	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/23	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/01/2023	12/31/2023	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	0.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
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 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, is true, correct and complete.

Sworn to and subscribed before me this

24 day of January 2024

Signature

My Commission expires 7 21 2024
MO. DAY YR.

Notary Seal
Notary Public
My commission expires July 21, 2024
Commission number 1270652
Member, Pennsylvania Association of Notaries

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 amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/23	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/01/2023	12/31/2023	
A. Amount Brought Forward From Last Report	\$	3,892.37	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	100.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3,992.37	
D. Total Expenditures (From Schedule III)	\$	1441.07	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,551.30	
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 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

Sworn to and subscribed before me this

31st day of January 2024

[Signature]
Signature

My Commission expires 7 21 2024
MO. DAY YR

[Signature]
Area Code 610

correct and complete.

ig report 90N

12-3571
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 vi
amended.

Sworn to and subscribed before me this

31st day of January 2024

[Signature]
Signature

My Commission expires 7 21 2024
MO. DAY YR

[Signature]
Area Code 610

Act of June 3, 1937 (P.L. 1333, NO.320) as

125

2-8692
Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Lidia C. Gonzalez, Notary Public
Northampton County
My commission expires July 21, 2024
Commission number 1270652
Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania - Notary Seal
Lidia C. Gonzalez, Notary Public
Northampton County
My commission expires July 21, 2024
Commission number 1270652

Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$ 0.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	100.00
Total for the reporting period	(2)	\$ 100.00

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period	(3)	\$ 0.00

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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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>	\$	100.00

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]	\$	100.00
Robert Virgilio					07/31/2023		
House #	Street Address				Date [MM/DD/YYYY]	\$	
522	Long Street						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Bethlehem	PA	18018					
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]	\$		
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		Squarespace			Date [MM/DD/YYYY]	\$	30.74
House #	225	Street Address	Varick Street #12		Description of Expenditure		
City	New York	State	NY	Zip Code	10014 Website Hosting		
To Whom Paid		NAACP Bethlehem			Date [MM/DD/YYYY]	\$	110.00
House #		Street Address	PO Box 1474		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18016 Ad and Ticket to Banquet		
To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	30.74
House #	225	Street Address	Varick Street #12		Description of Expenditure		
City	New York	State	NY	Zip Code	10014 Website Hosting		
To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	30.74
House #	225	Street Address	Varick Street #12		Description of Expenditure		
City	New York	State	NY	Zip Code	10014 Website Hosting		
To Whom Paid		Lehigh Valley Labor Council			Date [MM/DD/YYYY]	\$	140.00
House #		Street Address	PO Box 20226		Description of Expenditure		
City	Lehigh Valley	State	PA	Zip Code	18002 Tickets to dinner		
To Whom Paid		Ed O'Brien Dinner Dance			Date [MM/DD/YYYY]	\$	125.00
House #	53	Street Address	E Lehigh Street		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018 Program Ad		
To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	30.74
House #	225	Street Address	Varick Street #12		Description of Expenditure		
City	New York	State	NY	Zip Code	10014 Website Hosting		
To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	30.74
House #	225	Street Address	Varick Street #12		Description of Expenditure		
City	New York	State	NY	Zip Code	10014 Website Hosting		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	
					6/19/23		30.74
House #	Street Address	Description of Expenditure					
225	Varick Street #12	Website Hosting					
City	State	Zip Code					
New York	NY	10014					
To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	
					7/19/23		30.74
House #	Street Address	Description of Expenditure					
225	Varick Street #12	Website Hosting					
City	State	Zip Code					
New York	NY	10014					
To Whom Paid		Act Blue Fees			Date [MM/DD/YYYY]	\$	
					8/3/23		1.50
House #	Street Address	Description of Expenditure					
366	Summer Street	Processing Fee					
City	State	Zip Code					
Somerville	MA	02144					
To Whom Paid		Act Blue Fees			Date [MM/DD/YYYY]	\$	
					8/9/23		2.85
House #	Street Address	Description of Expenditure					
366	Summer Street	Processing Fee					
City	State	Zip Code					
Somerville	MA	02144					
To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	
					8/19/23		30.74
House #	Street Address	Description of Expenditure					
225	Varick Street #12	Website Hosting					
City	State	Zip Code					
New York	NY	10014					
To Whom Paid		Friends of Lisa Boscola			Date [MM/DD/YYYY]	\$	
					8/20/23		250.00
House #	Street Address	Description of Expenditure					
	PO Box 1294	Campaign contribution					
City	State	Zip Code					
Bethlehem	PA	18020					
To Whom Paid		Lehigh Valley 4ALL PAC			Date [MM/DD/YYYY]	\$	
					9/10/23		200.00
House #	Street Address	Description of Expenditure					
	PO Box 442	Donation					
City	State	Zip Code					
Bethlehem	PA	18016					
To Whom Paid		Act Blue Fees			Date [MM/DD/YYYY]	\$	
					9/11/23		.50
House #	Street Address	Description of Expenditure					
366	Summer Street	Processing Fee					
City	State	Zip Code					
Somerville	MA	02144					

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid					Date [MM/DD/YYYY]	\$	
Square space					9/19/23		30.74
House #	Street Address	Description of Expenditure					
225	Variety Street #12	Website Hosting					
City	State	Zip Code					
New York	NY	10014					

To Whom Paid					Date [MM/DD/YYYY]	\$	
Square space					10/19/23		30.74
House #	Street Address	Description of Expenditure					
225		Website Hosting					
City	State	Zip Code					
New York	NY	10014					

To Whom Paid					Date [MM/DD/YYYY]	\$	
Square space					11/20/23		30.74
House #	Street Address	Description of Expenditure					
225		Website Hosting					
City	State	Zip Code					
New York	NY	10014					

To Whom Paid					Date [MM/DD/YYYY]	\$	
Square space					12/19/23		30.74
House #	Street Address	Description of Expenditure					
225		Website Hosting					
City	State	Zip Code					
New York	NY	10014					

To Whom Paid					Date [MM/DD/YYYY]	\$	
Anna Thomas for State House					12/20/23		200.00
House #	Street Address	Description of Expenditure					
	Act Blue	Campaign Contribution					
City	State	Zip Code					

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
Street Address							
City					State		
					Zip Code		

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
Street Address							
City					State		
					Zip Code		

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
Street Address							
City					State		
					Zip Code		