

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>	Report Filed By: <input type="checkbox"/>	<input checked="" type="checkbox"/> CANDIDATE	<input type="checkbox"/> COMMITTEE	2.	<input type="checkbox"/> LOBBYIST	3.			
Name of Filing Committee, Candidate or Lobbyist: John William Reynolds									
Street Address: 34 W Elizabeth Ave									
City: Bethlehem			State: PA		Zip Code: 18018 -				
TYPE OF REPORT (place X to the right of report type)	9TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	9TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	2011		FILING METHOD () CHECK ONE		<input checked="" type="checkbox"/> PAPER	<input type="checkbox"/> DISKETTE

Name of Office Sought by Candidate: Bethlehem City Council				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR		OTH	DEM	48	
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	11	29	2011		12	31	2011	
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			

AFFIDAVIT SECTION

I swear here. If this is a Candidate report, candidate sign here.
 I swear here. If this is a Candidate's Authorized Committee report, candidate sign here.

My commission expires _____ MO. _____ DAY _____ YR.

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	_____ Signature of Candidate
_____ My commission expires _____ MO. _____ DAY _____ YR.	_____ Printed Name
	_____ Area Code _____ Daytime Telephone Number

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of J. William Reynolds</i>				
Street Address: <i>34 W Elizabeth Avenue</i>				
City: <i>Bethlehem</i>		State: <i>PA</i>	Zip Code: <i>18018 -</i>	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY 1.	2ND FRIDAY PRE-PRIMARY 2.	30 DAY POST-PRIMARY 3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTION 5.	30 DAY POST-ELECTION 6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/> YEAR <i>2011</i>		FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <i>Bethlehem City Council</i>	DATE OF ELECTION MO. DAY YEAR	District Number	Office Code <i>OTH</i>	Party Code <i>DEM</i>	County Code <i>48</i>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	<i>11 29 2011</i>		<i>12 31 2011</i>	
A. Amount Brought Forward From Last Report	\$ <i>11,588.28</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <i>0</i>			
C. Total Funds Available (Sum of Lines A and B)	\$ <i>11,588.28</i>			
D. Total Expenditures (From Schedule III)	\$ <i>0</i>			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <i>11,588.28</i>			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <i>0</i>			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <i>0</i>			

AFFIDAVIT SECTION

[Redacted Signature Area]

[Redacted Address Area]

MO. DAY YEAR Pennsylvania Area Code Daytime Telephone Number