

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"/> | | CANDIDATE ^{1.} <input type="checkbox"/> | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST ^{3.} <input type="checkbox"/> | | |
| Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Ray O'Connell</i> | | | | | | | | | | |
| Street Address: <i>2446 W. Allen Street</i> | | | | | | | | | | |
| City: <i>Allentown</i> | | | | State: <i>PA</i> | | Zip Code: <i>18104 -</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 | NO <input checked="" type="checkbox"/> | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | <input checked="" type="checkbox"/> | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | YES | NO | |
| | ANNUAL REPORT | 7. | YEAR | | FILING METHOD | | PAPER | <input checked="" type="checkbox"/> | DISKETTE | |
| Name of Office Sought by Candidate: <i>Allentown Mayor</i> | | | | | DATE OF ELECTION | | District Number | Office Code | Party Code | County Code |
| | | | | | MO. DAY YEAR <i>11 2 2021</i> | | <i>OTH</i> | <i>DEM</i> | <i>39</i> | (SEE INSTRUCTIONS FOR CODES) |
| Summary of Receipts and Expenditures from: | | | MO. DAY YEAR <i>6 8 2021</i> | To | MO. DAY YEAR <i>10 22 2021</i> | FOR OFFICE USE ONLY | | | | |
| A. Amount Brought Forward From Last Report | | \$ | | <i>2851.06</i> | | RECEIVED 2021 OCT 25 PM 1:27 ELECTION BOARD OF LEHIGH COUNTY | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ | | <i>0</i> | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ | | <i>0</i> | | | | | | |
| D. Total Expenditures (From Schedule III) | | \$ | | <i>0</i> | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ | | <i>2851.06</i> | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ | | <i>0</i> | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ | | | | | | | | |

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 or computer diskette, are to the best of my knowledge and belief correct and complete.

Sworn to and subscribed before me this

25 day of *October* 20 *21*

[Signature]

My commission expires *11 02 2024*
MO. DAY YR.

[Signature]

Signature of Person Submitting Report

Michael R Moyer

Printed Name
484-426-0836
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 DOLLY HADDAD - Notary Public
 Lehigh County
 Commission Expires November 2, 2024
 Commission Number 1382155

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

25 day of *October* 20 *21*

[Signature]

My commission expires *11 02 2024*
MO. DAY YR.

[Signature]

Signature of Candidate

Raymond O'Connell

Printed Name
484-515-1092
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 DOLLY HADDAD - Notary Public
 Lehigh County
 Commission Expires November 2, 2024
 Commission Number 1382155