

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>			
NAME OF FILER, 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 (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION				
1. 6TH TUESDAY PRE-PRIMARY	<i>Allentown Mayor</i>		<i>DEM</i>	MO.	DAY	YEAR		
2. 2ND FRIDAY PRE-PRIMARY				<i>11</i>	<i>2</i>	<i>2021</i>		
3. 30 DAY POST-PRIMARY				FOR OFFICE USE ONLY				
4. 6TH TUESDAY PRE-ELECTION				2021 OCT 25 PM 1:27 RECEIVED ELECTION BOARD OF LEHIGH COUNTY				
5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>								
6. 30 DAY POST-ELECTION								
7. ANNUAL REPORT								
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		<i>6</i>	<i>8</i>	<i>21</i>		<i>10</i>	<i>22</i>	<i>21</i>
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>2851.06</i>						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>						
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>				
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
25 DAY OF *October* 20*21*

 SIGNATURE

 SIGNATURE OF PERSON SUBMITTING REPORT
Raymond D. O'Connell
 PRINTED NAME

MY COMMISSION EXPIRES *11* MO. *02* DAY 20*24* YR.

 AREA CODE *484* DAYTIME TELEPHONE NUMBER *515-1092*

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

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____