

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"/>		CANDIDATE <sup>1.</sup> <input type="checkbox"/>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup> <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 <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST-PRIMARY <sup>3.</sup>	AMENDMENT REPORT?	YES	NO	FILING METHOD <input type="checkbox"/> CHECK ONE <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE			
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST-ELECTION <sup>6.</sup>	TERMINATION REPORT?	YES	NO				
	ANNUAL REPORT <sup>7.</sup>	YEAR:								
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>011</i>	<i>DEM</i>	<i>39</i>	
				<i>5</i>	<i>7</i>	<i>2021</i>	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	FOR OFFICE USE ONLY				
			<i>5</i>	<i>4</i>	<i>2021</i>	RECEIVED 21 JUN 17 PM 3:22 ELECTION BOARD OF LEHIGH COUNTY				
A. Amount Brought Forward From Last Report			To	MO.	DAY					YEAR
				<i>6</i>	<i>7</i>					<i>2021</i>
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <i>8387.40</i>							
C. Total Funds Available (Sum of Lines A and B)			\$ <i>28,740.00</i>							
D. Total Expenditures (From Schedule III)			\$ <i>37,127.40</i>							
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <i>34,216.34</i>							
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <i>2,851.06</i>							
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <i>0</i>							

**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 true, correct and complete.

Sworn to and subscribed before me this *17<sup>th</sup>* day of *June* 20 *21*

Signature of Person Submitting Report: *Michael R. Mayer*  
 Printed Name: *Michael R. Mayer*  
 Daytime Telephone Number: *437-0616*

Signature: *Jill M. Goetz*  
 Commonwealth of Pennsylvania - Notary Seal  
 JILL M. GOETZ, Notary Public  
 Lehigh County  
 My Commission Expires *08-08-2022*  
 Commission Number *1059798*

**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 *17<sup>th</sup>* day of *June* 20 *21*

Signature of Candidate: *Raymond V. O'Connell*  
 Printed Name: *RAYMOND V. O'CONNELL*  
 Daytime Telephone Number: *494 515-1092*

Signature: *Jill M. Goetz*  
 Commonwealth of Pennsylvania - Notary Seal  
 JILL M. GOETZ, Notary Public  
 Lehigh County  
 My Commission Expires *08-08-2022*  
 Commission Number *1059798*

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Ray O'Connell</i>	Reporting Period From <i>8/4/21</i> To <i>6/7/21</i>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <i>0</i>
All Other Contributions (Part B)		\$ <i>1250.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>1250.00</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <i>15,500.00</i>
All Other Contributions (Part D)		\$ <i>11,990.00</i>
TOTAL for the Reporting Period	(3)	\$ <i>27,490.00</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
TOTAL for the Reporting Period	(4)	\$ <i>0</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>	\$ <i>28,740.00</i>
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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.

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

	DATE			AMOUNT	
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
		-			\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$

# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>Friends of Ray O'Connell</i>	Reporting Period From <i>5/9/21</i> To <i>6/7/21</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <i>Robert Spada</i>	<i>5</i>	<i>1</i>	<i>21</i>	\$ <i>200.00</i>
Mailing Address <i>1917 W. Congress St</i>	MO.	DAY	YEAR	\$
City <i>Allentown PA</i>	MO.	DAY	YEAR	\$
State <i>PA</i>				
Zip Code (Plus 4) <i>18104</i>				
Full Name of Contributor <i>Fred Wilcox Beecher</i>	<i>5</i>	<i>4</i>	<i>21</i>	\$ <i>200.00</i>
Mailing Address <i>1350 Chew Street</i>	MO.	DAY	YEAR	\$
City <i>Allentown PA</i>	MO.	DAY	YEAR	\$
State <i>PA</i>				
Zip Code (Plus 4) <i>18102</i>				
Full Name of Contributor <i>Diane Reinert</i>	<i>5</i>	<i>4</i>	<i>21</i>	\$ <i>100.00</i>
Mailing Address	MO.	DAY	YEAR	\$
City <i>Allentown PA</i>	MO.	DAY	YEAR	\$
State <i>PA</i>				
Zip Code (Plus 4) <i>18102</i>				
Full Name of Contributor <i>Laure + Dan Wochter</i>	<i>5</i>	<i>11</i>	<i>21</i>	\$ <i>250.00</i>
Mailing Address <i>4508 Wandy Road</i>	MO.	DAY	YEAR	\$
City <i>New Tripoli PA</i>	MO.	DAY	YEAR	\$
State <i>PA</i>				
Zip Code (Plus 4) <i>18066</i>				
Full Name of Contributor <i>Robert Brooks</i>	<i>4</i>	<i>29</i>	<i>21</i>	\$ <i>250.00</i>
Mailing Address <i>1837 Lunckin Road</i>	MO.	DAY	YEAR	\$
City <i>Douglasville PA</i>	MO.	DAY	YEAR	\$
State <i>PA</i>				
Zip Code (Plus 4) <i>19318</i>				
Full Name of Contributor <i>James Brooks</i>	<i>4</i>	<i>29</i>	<i>21</i>	\$ <i>250.00</i>
Mailing Address <i>4580 Centerbury Road</i>	MO.	DAY	YEAR	\$
City <i>Emmars PA</i>	MO.	DAY	YEAR	\$
State <i>PA</i>				
Zip Code (Plus 4) <i>18049</i>				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

PAGE TOTAL  
\$ *1,250.00*

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.



**PART D**  
**ALL OTHER CONTRIBUTIONS**

**OVER \$250.00**

Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>Friends of Ron O'Connell</i>	Reporting Period From <i>5/4/21</i> To <i>6/7/21</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Jeff Trainor</i>	<i>5</i>	<i>8</i>	<i>21</i>	\$ <i>1000.00</i>
Mailing Address <i>222 Green Wood Road</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18103</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

<i>Oscar Guzman</i>	<i>5</i>	<i>11</i>	<i>21</i>	\$ <i>9990.00</i>
Mailing Address	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>-</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

<i>Ken Fowell</i>	<i>5</i>	<i>12</i>	<i>21</i>	\$ <i>1,000.00</i>
Mailing Address <i>2305 Race Street</i>	MO.	DAY	YEAR	\$
City <i>Philadelphia</i> State <i>PA</i> Zip Code (Plus 4) <i>19103-</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) <i>-</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) <i>-</i>	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
\$ *11,990.00*

**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.**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

**PAGE TOTAL**

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

\$

# 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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ _____

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$ _____

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$ _____

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ _____
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SCHEDULE II  
PART F  
**IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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	DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$
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**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State	Zip Code (Plus 4)				
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State	Zip Code (Plus 4)				
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State	Zip Code (Plus 4)				
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State	Zip Code (Plus 4)				
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State	Zip Code (Plus 4)				
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE TOTAL \$
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**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Friends of Ray O'Connell</i>	Reporting Period From <i>5/4/21</i> To <i>6/7/21</i>
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To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

- # 160 7 5/11/21 7 TSE LLC (AL) May \$ 3,000
- # 161 7 5/11/21 7 Panorama Newspaper \$ 700
- # 162 7 5/14/21 7 Ray O'Connell  
(EXPENSES) \$ 1,000.00
- # 163 7 5/15/21 7 Lehigh Mining &  
Navigation (Payment #2) \$ 5,000.00
- # 164 7 5/17/21 TSE LLC (AL)  
(EXPENSES for Election Day) \$ 5,000.00
- # 165 7 5/24/21 7 Lehigh Mining &  
Navigation (Payment #3) \$ 5,000.00
- # 166 7 TSE LLC (AL) \$ 1,892.75
- # 167 7 Lehigh LV Print \$ 11,183.59
- # 168 7 5/28/21 Ray O'Connell  
(EXPENSES) \$ 1,000.00
- # 169 7 6/2/21 New Times Newspaper (Ad) \$ 500.00

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL**  
**\$ 34,276.34**

