

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="text"/>		Report Filed By: <input type="text"/>		CANDIDATE <input type="checkbox"/>		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST <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 <input type="checkbox"/>		2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>		30 DAY POST PRIMARY <input type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION <input type="checkbox"/>		2ND FRIDAY PRE-ELECTION <input type="checkbox"/>		30 DAY POST ELECTION <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT <input type="checkbox"/>		YEAR <input type="text"/>		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input type="checkbox"/>		DISKETTE <input type="checkbox"/>		
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</i>	<i>2</i>	<i>2021</i>		<i>OTH</i>	<i>DEM</i>	<i>39</i>
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	TO	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<i>10</i>	<i>29</i>	<i>2021</i>		<i>12</i>	<i>2</i>	<i>2021</i>	RECEIVED 2021 DEC -3 AM 11:23 ELECTION BOARD OF LEHIGH COUNTY	
A. Amount Brought Forward From Last Report		\$	<i>2857.06</i>								
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)		\$	<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 3 day of December 2021
 Signature: *[Signature]*
 My commission expires 03/09/2024
 MO. DAY

Signature of Person Submitting Report: *[Signature]*
 Printed Name: Michael R. Moyer
 484 426-0830
 Daytime Telephone Number

PART II - If this is a report of a Candidate, authorized committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this report 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 3 day of December 2021
 Signature: *[Signature]*
 My commission expires 03/09/2024
 MO. DAY YR.

Signature of Candidate: Raymond D. O'Connell
 Printed Name: Raymond D. O'Connell
 484 515-1092
 Area Code Daytime Telephone Number