

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 FILING COMMITTEE, CANDIDATE OR LOBBYIST<br><i>Friends of Raymond O'Connell</i> |  |  |                                     |                                     |   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| STREET ADDRESS<br><i>2446 W. Allen Street</i>  |  |  |                                     |                                     |   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| CITY<br><i>Allentown</i>   |  |  | STATE<br><i>PA</i>                  |                                     | ZIP CODE<br><i>18104 -</i>  |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| TYPE OF REPORT (CHECK ONE)   | NAME OF OFFICE SOUGHT BY CANDIDATE     |  |                                     | DISTRICT NO.                        | PARTY   | DATE OF ELECTION         |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
|  | <i>Allentown Mayor</i>                 |  |                                     |                                     | <i>DEM</i>  | MO.                      | DAY      | YEAR                     |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| 6TH TUESDAY PRE-PRIMARY  | 1.                                     | DATES OF REPORTING PERIOD<br><table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td><i>1</i></td> <td><i>1</i></td> <td><i>2020</i></td> </tr> </table> TO<br><table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td><i>12</i></td> <td><i>31</i></td> <td><i>2020</i></td> </tr> </table> |                                     |                                     | MO.   | DAY                      | YEAR     | <i>1</i>                 | <i>1</i> | <i>2020</i> | MO.                                 | DAY                 | YEAR | <i>12</i> | <i>31</i>                           | <i>2020</i> | FOR OFFICE USE ONLY |  |  |
| MO.  | DAY                                    |  |                                     |                                     | YEAR  |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| <i>1</i>   | <i>1</i>                               |  |                                     |                                     | <i>2020</i>   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| MO.  | DAY                                    |  |                                     |                                     | YEAR  |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| <i>12</i>  | <i>31</i>                              |  |                                     |                                     | <i>2020</i>   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| 2ND FRIDAY PRE-PRIMARY   | 2.                                     |  |                                     |                                     |   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| 30 DAY POST-PRIMARY  | 3.                                     |  |                                     |                                     |   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| 6TH TUESDAY PRE-ELECTION   | 4.                                     |  |                                     |                                     |   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| 2ND FRIDAY PRE-ELECTION  | 5.                                     |  |                                     |                                     |   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| 30 DAY POST-ELECTION   | 6.                                     |  |                                     |                                     |   |                          |          |                          |          |             |                                     |                     |      |           |                                     |             |                     |  |  |
| ANNUAL REPORT  | 7. <input checked="" type="checkbox"/> | CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>8.40</i></u><br><br>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>0</i></u>  |                                     |                                     | <table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table> |                          |          | AMENDMENT REPORT?        | YES      | NO          | <input checked="" type="checkbox"/> | TERMINATION REPORT? | YES  | NO        | <input checked="" type="checkbox"/> |             |                     |  |  |
| 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<br><i>29th</i> DAY OF <i>JANUARY</i> 20 <i>20</i><br>KAREN B. GROW, Notary Public<br>Lower Macungie Twp., Lehigh County<br>My Commission Expires <i>March 29, 2021</i><br>MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. | <i>Raymond D. O'Connell</i><br>SIGNATURE OF PERSON SUBMITTING REPORT<br>RAYMOND D. O'CONNELL<br>PRINTED NAME<br>484 _____<br>AREA CODE DAYTIME TELEPHONE NUMBER<br>515-1092 |
|--|---|

**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<br>_____ DAY OF _____ 20____<br>_____<br>SIGNATURE<br>MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. | _____<br>SIGNATURE OF CANDIDATE<br>_____<br>PRINTED NAME<br>_____<br>AREA CODE _____ DAYTIME TELEPHONE NUMBER _____ |
|--|---|

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

|   |                          |                              |                                     |           |                          |          |                          |
|---|--------------------------|------------------------------|-------------------------------------|-----------|--------------------------|----------|--------------------------|
| Filer Identification Number                     | Report Filed By (Mark X) | Candidate                    | <input checked="" type="checkbox"/> | Committee | <input type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist |                          | Friends of Raymond O'Connell |                                     |           |                          |          |                          |
| Street Address                                  |                          | 2446 W. Allen Street         |                                     |           |                          |          |                          |
| City  | Allentown                | State                        | PA                                  | Zip Code  | 18104                    |          |                          |

Type of Report (Place x under report type)

| 1- 6 <sup>th</sup> Tuesday Pre-Primary | 2- 2 <sup>nd</sup> Friday Pre-Primary | 3- 30 Day Post Primary   | 4- 6 <sup>th</sup> Tuesday Pre-Election | 5- 2 <sup>nd</sup> Friday Pre-Election | 6- 30 Day Post Election  | 7- Annual                           | Special 2 <sup>nd</sup> Friday Pre-Election | Special 30 Day Post-Election |
|--|---------------------------------------|--------------------------|---|--|--------------------------|-------------------------------------|---|------------------------------|
| <input type="checkbox"/>               | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/>               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>     |
| Date Of Election (MM/DD/YYYY)          |                                       | 11/5/19                  | Year                                    | 2020                                   | Amendment Report         | <input type="checkbox"/>            | Termination Report                          | <input type="checkbox"/>     |

| Summary of Receipts and Expenditures                           | From Date | To Date    | For Office Use Only |
|--|-----------|------------|---------------------|
|  | 1/1/2020  | 12/31/2020 |                     |
| A. Amount Brought Forward From Last Report                     | \$        | 4722.92    |                     |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$        | —          |                     |
| C. Total Funds Available (Sum of Lines A and B)                | \$        | 4722.92    |                     |
| D. Total Expenditures (From Schedule III)                      | \$        | 4714.52    |                     |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$        | 8.40       |                     |
| F. Value of In-Kind Contributions Received (From Schedule II)  | \$        | 0          |                     |
| G. Unpaid Debts and Obligations (From Schedule IV)             | \$        | 0          |                     |

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

21 day of 2020

NOTARIAL SEAL  
 KAREN B. GROWL, Notary Public  
 Lower Merion Twp., Lehigh County  
 My Commission Expires March 29, 2021

My Commission expires \_\_\_\_\_ MO. DAY YR.

Signature of Person Submitting Report  
 Michael R. Meyer  
 Printed Name  
 610 437-0616  
 Area Code Daytime Telephone Number

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

29 day of 2020

NOTARIAL SEAL  
 KAREN B. GROWL, Notary Public  
 Lower Merion Twp., Lehigh County  
 My Commission Expires March 29, 2021

My Commission expires \_\_\_\_\_ MO. DAY YR.

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

SCHEDULE III  
Statement of Expenditures

|                              |  |
|------------------------------|--|
| Filer Identification Number: |  |
|------------------------------|--|

|                       |                                      |                            |                            |
|-----------------------|--------------------------------------|----------------------------|----------------------------|
| To Whom Paid          | <i>The Palace Center</i>             | Date [MM/DD/YYYY]          | \$ <i>4714.52</i>          |
| House # <i>623</i>    | Street Address <i>Hanover Avenue</i> | Description of Expenditure |                            |
| City <i>Allentown</i> | State <i>PA</i>                      | Zip Code <i>18109</i>      | <i>Post Election Party</i> |

|              |                |                            |    |
|--------------|----------------|----------------------------|----|
| To Whom Paid |                | Date [MM/DD/YYYY]          | \$ |
| House #      | Street Address | Description of Expenditure |    |
| City         | State          | Zip Code                   |    |

|              |                |                            |    |
|--------------|----------------|----------------------------|----|
| To Whom Paid |                | Date [MM/DD/YYYY]          | \$ |
| House #      | Street Address | Description of Expenditure |    |
| City         | State          | Zip Code                   |    |

|              |                |                            |    |
|--------------|----------------|----------------------------|----|
| To Whom Paid |                | Date [MM/DD/YYYY]          | \$ |
| House #      | Street Address | Description of Expenditure |    |
| City         | State          | Zip Code                   |    |

|              |                |                            |    |
|--------------|----------------|----------------------------|----|
| To Whom Paid |                | Date [MM/DD/YYYY]          | \$ |
| House #      | Street Address | Description of Expenditure |    |
| City         | State          | Zip Code                   |    |

|              |                |                            |    |
|--------------|----------------|----------------------------|----|
| To Whom Paid |                | Date [MM/DD/YYYY]          | \$ |
| House #      | Street Address | Description of Expenditure |    |
| City         | State          | Zip Code                   |    |

|              |                |                            |    |
|--------------|----------------|----------------------------|----|
| To Whom Paid |                | Date [MM/DD/YYYY]          | \$ |
| House #      | Street Address | Description of Expenditure |    |
| City         | State          | Zip Code                   |    |

|              |                |                            |    |
|--------------|----------------|----------------------------|----|
| To Whom Paid |                | Date [MM/DD/YYYY]          | \$ |
| House #      | Street Address | Description of Expenditure |    |
| City         | State          | Zip Code                   |    |