

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		203-40-1640		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 FRIENDS OF RAYMOND D. O'CONNELL										
STREET ADDRESS 2446 ALLEN STREET										
CITY ALLENTOWN				STATE PA		ZIP CODE 18104 - 4956				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		MAYOR OF ALLENTOWN			17-2		D		MO. DAY YEAR 05 16 17	
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD			MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/>		01 01 17 TO 05 01 17								
30 DAY POST-PRIMARY										
6TH TUESDAY PRE-ELECTION										
2ND FRIDAY PRE-ELECTION										
30 DAY POST-ELECTION										
ANNUAL REPORT										
		CASH BALANCE AT END OF REPORTING PERIOD: \$			0					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$			0					
		AMENDMENT REPORT?			YES		NO			
		TERMINATION REPORT?			YES		NO			

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

5TH DAY OF MAY 2017

Raymond D. O'Connell

SIGNATURE OF PERSON SUBMITTING REPORT

RAYMOND D. O'CONNELL

PRINTED NAME

484

AREA CODE

515-1092

DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

MY COMMISSION EXPIRES

05 27TH 2019

City of Allentown, Lehigh County

My Commission Expires May 27, 2019

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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES

MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER

LEHIGH COUNTY • BOARD OF ELECTIONS

17 S 7TH STREET • ALLENTOWN, PA 18101-2401 • (610) 782-3197