

AFFIDAVIT SECTION			
<b>PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.</b>			
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			
24	day of	October	20 19
[Signature]		[Signature]	
My commission expires		[Signature]	
08	MO.	10	DAY
12		20	YR.
COMMONWEALTH OF PENNSYLVANIA		ROTARY SEAL	
Iran Ahmed, Notary Public		South Whitehall Twp., Allegh County	
My Commission Expires Aug 8 2020		[Signature]	
[Signature]		[Signature]	
Printed Name		Daytime Telephone Number	
437-0616		515-1092	
<b>PART II - If this is a report of a Candidate's Authorized Representative, candidate shall sign here.</b>			
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			
24	day of	October	20 19
[Signature]		[Signature]	
My commission expires		[Signature]	
08	MO.	10	DAY
20		20	YR.
COMMONWEALTH OF PENNSYLVANIA		ROTARY SEAL	
[Signature]		[Signature]	
Printed Name		Daytime Telephone Number	
RAYMOND P. CONNELLY		515-1092	

DSEB-502 (7-99)

# CONTRIBUTIONS AND RECEIPTS

2016

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Raymond O'Connell</i>	Reporting Period From <i>6/1/19</i> To <i>10/21/19</i>
-------------------------------------------------------------------	-----------------------------------------------------------

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>- 0 -</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>- 0 -</i>
All Other Contributions (Part B)	\$ <i>200.00</i>
TOTAL for the Reporting Period	(2) \$ <i>200.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>4,250.00</i>
All Other Contributions (Part D)	\$ <i>- 0 -</i>
TOTAL for the Reporting Period	(3) \$ <i>4,250.00</i>

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

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (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>4,450.00</i>
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**PART B**  
**ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

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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>Raymond J. Connell</i>	Reporting Period From <i>6/11/19</i> To <i>10/21/19</i>
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
<i>Fred Willenbacher</i>	<i>7</i>	<i>9</i>	<i>19</i>	\$		<i>200.00</i>
Mailing Address <i>1350 W. Chew Street</i>	MO.	DAY	YEAR			\$
City <i>Allentown</i>	MO.	DAY	YEAR			\$
State <i>PA</i>						\$
Zip Code (Plus 4) <i>18102-</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)						\$
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)						\$
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)						\$
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 \$ <i>200.00</i>
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

OVER \$250.00

4016

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <b>Raymond O'Connell</b>	Reporting Period From <b>6/11/19</b> To <b>10/21/19</b>
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			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
<b>Lehigh Valley Association of Realtors</b>	<b>10</b>	<b>2</b>	<b>19</b>	\$		<b>1,000.00</b>
Mailing Address <b>10 S. Commerce Way</b>	MO.	DAY	YEAR	\$		
City <b>Bethlehem</b> State <b>PA</b> Zip Code (Plus 4) <b>18017-</b>	MO.	DAY	YEAR	\$		
<b>BEW PAC</b>	<b>10</b>	<b>17</b>	<b>19</b>	\$		<b>2,500.00</b>
Mailing Address <b>900 7th Street NW</b>	MO.	DAY	YEAR	\$		
City <b>Washington</b> State <b>DC</b> Zip Code (Plus 4) <b>20001 -</b>	MO.	DAY	YEAR	\$		
<b>Allentown Firefighter PAC Fund</b>				\$		<b>750.00</b>
Mailing Address <b>732 W. Chew Street #302</b>	MO.	DAY	YEAR	\$		
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18102 -</b>	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		

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

PAGE TOTAL  
**\$ 4,250.00**

# STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate <i>Raymond O'Connell</i>	Reporting Period From <i>6/10/19</i> To <i>10/21/19</i>
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To Whom Paid <i>Lehigh Valley Printing Center</i>	MO. <i>9</i>	DAY <i>15</i>	YEAR <i>19</i>	Amount \$ <i>503.50</i>
Mailing Address <i>1701 Union Boulevard #114</i>	Description of Expenditure <i>Palm Card Printing</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18109 -</i>		
To Whom Paid <i>Lehigh Valley Printing Center</i>	MO. <i>10</i>	DAY <i>14</i>	YEAR <i>19</i>	Amount \$ <i>2214.58</i>
Mailing Address <i>1701 Union Boulevard #114</i>	Description of Expenditure <i>6X11 Master Printing and Postage</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18109 -</i>		
To Whom Paid <i>LA RAZON Newspaper</i>	MO. <i>10</i>	DAY <i>16</i>	YEAR <i>19</i>	Amount \$ <i>1,200.00</i>
Mailing Address	Description of Expenditure <i>2 Newspaper Display Ads</i>			
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18102 -</i>		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
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

\$ *3,918.08*



# SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <div style="font-size: 1.2em; font-family: cursive;">Raymond J. Connel</div>	Reporting Period From <u>6/1/19</u> To <u>10/21/19</u>
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Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL <div style="font-size: 1.5em; font-family: cursive;">\$ -0-</div>
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