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: [redacted]

Report Filed By: CANDIDATE 1. | COMMITTEE 2. X | LOBBYIST 3.

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 (place X to the right of report type)

6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES		NO
6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. X	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES		NO
ANNUAL REPORT	7.	YEAR		FILING METHOD (CHECK ONE)		PAPER		DISKETTE	

Name of Office Sought by Candidate: MAYOR OF ALLENTOWN

DATE OF ELECTION: MO. 11 DAY 07 YEAR 2017

District Number: 17-2 | Office Code | Party Code | County Code (SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO. 06 DAY 05 YEAR 2017 To MO. 10 DAY 23 YEAR 2017

FOR OFFICE USE ONLY

RECEIVED
2017 OCT 27 AM 11:2
ELECTION BOA
OF LEHIGH COUN

A. Amount Brought Forward From Last Report	$ 468.28
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 10,485.00
C. Total Funds Available (Sum of Lines A and B)	$ 10,953.28
D. Total Expenditures (From Schedule III)	$ 7,481.54
E. Ending Cash Balance (Subtract Line D from Line C)	$ 3,471.74
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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 27TH day of OCTOBER 20 17

Signature

My commission expires 9 MO. 27 DAY 18 YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
TIMOTHY ANDREW BENYO
Notary Public
CITY OF ALLENTOWN, LEHIGH COUNTY
My Commission Expires Sep 27, 2018

Signature of Person Submitting Report: Michael R Moyer

Printed Name: Michael R Moyer

(610) Area Code 437-0616 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 27TH day of OCTOBER 20 17

Signature

My commission expires 9 MO. 27 DAY 18 YR.

NOTARIAL SEAL
TIMOTHY ANDREW BENYO
Notary Public
CITY OF ALLENTOWN, LEHIGH COUNTY
My Commission Expires Sep 27, 2018

Signature of Candidate: Raymond D. O'Connell

Raymond D. O'Connell Printed Name

484 Area Code 515-1092 Daytime Telephone Number

Board of Elections of Lehigh County
Lehigh County Government Center
17 S. 7th St.
Allentown, PA 18101-2400

DSEB-502 (7-99)

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF RAYMOND D. O'CONNELL	From 06/05/2017 To 10/23/2017

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$ [redacted] 2,685.00

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		$ 0
All Other Contributions (Part B)		$ 1,300.00
TOTAL for the Reporting Period	(2)	$ 1,300.00

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		$ 0
All Other Contributions (Part D)		$ 6,500.00
TOTAL for the Reporting Period	(3)	$ 6,500.00

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

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.)*	$ 10,485.00

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
FRIENDS OF RAYMON D. O'CONNELL	From 06/05/2017 To 10/23/2017

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

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

PAGE TOTAL $ 0

PART B

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: FRIENDS OF RAMMOND D. O'CONNELL

Reporting Period: From 06/05/2017 To 10/23/2017

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
Anthony / JoJo Muir 2603 W. Liberty Street Allentown PA 18104-	9 17 2017	$ 250.00
Betsy Levin 1852 Chew Street Allentown PA 18104-	9 20 2017	$ 200.00
Ellen Bishop 2734 W. Gordon Street Allentown PA 18104-	10 04 2017	$ 100.00
Mark / Lynn Smith 205 N. Main Street Allentown PA 18104-	10 07 2017	$ 150.00
Malcolm West 316 W. Berger Street Emmaus PA 18049-	9 22 2017	$ 260.00
Susan Rutt 1852 S. Wood Street Allentown PA 18103-	10 02 2017	$ 260.00
Carl / Anita Weber 2729 W. Liberty Street Allentown PA 18104	10 09 2017	$ 100.00
Bob / Carol Krause 819 N. 27th Street Allentown PA 18104-	10 10 2017	$ 100.00

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

PAGE TOTAL $1,300.00

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER $250.00

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	Reporting Period
FRIENDS OF RAYMOND D. O'CONNELL	From 06/05/2017 To 10/23/2017

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

PAGE TOTAL $ 0

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

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: FRIENDS OF RAYMOND D O'CONNELL

Reporting Period: From 06/05/2017 To 10/23/2017

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	DATE (MO. DAY YEAR)	AMOUNT
Dan/Claudia Steckel	423 N. 27th Strut	Allentown	PA	18104 -	Retired			9 27 2017	$ 500.00
Ray/Mary Beth O'Connell	2496 Allen Strut	Allentown	PA	18104 -	Retired			8 27 2017	$ 5,000.00
Richard Orloski	1082 Patricia Drive	Allentown	PA	18103 -	Orloski Law Firm		Cedar Crest Blvd, Allentown, PA	9 25 2017	$ 1,000.00
				-					$
				-					$

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

PAGE TOTAL $ 6,500.00

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
FRIENDS OF RAYMOND D. O'CONNELL	From 06/05/2017 To 10/23/2017

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 $ 0

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
FRIENDS OF RAYMOND D. O'CONNELL	From 06/05/2017 To 10/23/2017

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.01 TO $250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER $250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)*	$ 0

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate: FRIENDS OF RAYMOND D. O'CONNELL

Reporting Period: From 06/05/2017 To 10/23/2017

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

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

PAGE TOTAL $ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF RAYMOND D. O'CONNELL	From 06/05/2017 To 10/23/2017

Contributor			DATE (MO. / DAY / YEAR)	AMOUNT
Full Name of Contributor			MO. DAY YEAR	$
Mailing Address			MO. DAY YEAR	$
City	State	Zip Code (Plus 4) –	MO. DAY YEAR	$
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	State	Zip Code (Plus 4) –	MO. DAY YEAR	$
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	State	Zip Code (Plus 4) –	MO. DAY YEAR	$
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	State	Zip Code (Plus 4) –	MO. DAY YEAR	$
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	State	Zip Code (Plus 4) –	MO. DAY YEAR	$
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 $ 0

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF RAYMOND D. O'CONNELL	From ~~01~~ 06/05/2017 To 10/23/2017

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
LV Print Center / Harkins Signs	1701 Union Blvd. - Suite 114	Allentown	PA	18109-	8	2	2017	$ 392.20	Rally Signs, Palm Cards
LV Print Center / Harkin's Signs	1701 Union Blvd. - Suite 114	Allentown	PA	18109-	8	12	2017	$ 381.20	Palm Cards
LV Print Center / Harkin's Signs	1701 Union Blvd. - Suite 114	Allentown	PA	18109-	9	18	2017	$ 2,581.90	Mailer
LV Print Center / Harkin's Signs	1701 Union Blvd. - Suite 114	Allentown	PA	18109-	10	5	2017	$ 980.30	Palm Cards, Signs
LV Print Center / Harkin's Signs	1701 Union Blvd. - Suite 114	Allentown	PA	18109-	10	16	2017	$ 2,549.17	Mailer
LV Print Center / Harkin's Signs	1701 Union Blvd. - Suite 114	Allentown	PA	18109-	10	17	2017	$ 84.80	Business Cards
LV Print Center / Harkin's Signs	1701 Union Blvd. - Suite 114	Allentown	PA	18109-	10	23	2017	$ 511.77	Letters
								$	

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

PAGE TOTAL $7,481.54

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	Reporting Period
FRIENDS OF RAYMOND D. O'CONNELL	From 06/05/2017 To 10/23/2017

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
$ 0