

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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Raymond 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 (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<i>Allentown Mayor</i>			<i>D</i>	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <i>6 11 19</i> TO <i>10 21 19</i>		DATE OF ELECTION MO. DAY YEAR <i>11 5 19</i>		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>2934.61</i> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>-0-</i>		FOR OFFICE USE ONLY		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Commonwealth of PA County of Lehigh		

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 *24* DAY OF *October* 20*19*

[Signature]
 SIGNATURE
 MY COMMISSION EXPIRES *08/08/20* DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
RAYMOND O'CONNELL
 PRINTED NAME
484 *515-1092*
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II - NOTARIAL SEAL

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
 JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER