

Commonwealth of Pennsylvania - Campaign Finance Report

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

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

Type of Report (Place x under report type)

1- 1 st Tuesday Post-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post-Primary	4- 1 st Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post-Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<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"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		11/5/19		Year		2019		
Date of Election (MM/DD/YYYY)				Amendment Report		<input type="checkbox"/>		Termination Report
								2019

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/22/19	11/25/19	
A. Amount brought forward from Last Report	\$	2384.01	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1250.00	
C. Total Funds Available (Sum of lines A and B)	\$	3634.01	
D. Total Expenditures (From Schedule III)	\$	2500.00	
E. Ending Cash Balance (Subtract line D from line C)	\$	1134.01	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	—	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	—	

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.

Subscribed before me this 19 day of December 2019

Signature Michael R. Meyer

Signature of Person Submitting Report Michael R. Meyer

Printed Name Michael R. Meyer

Area Code (610) Daytime Telephone Number 437-0616

My Commission expires 05 22 2023

MO. DAY YR.

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 19 day of December 2019

Signature Kristy Bowman

Signature of Candidate Ray O'Connell

Printed Name Raymond D. O'Connell

Area Code 464 Daytime Telephone Number 515-1092

My Commission expires 05 22 2023

MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 Kristy Bowman, Notary Public
 Lehigh County
 My commission expires May 22, 2023
 Commission number 1352090
 Member, Pennsylvania Association of Notaries

RECEIVED

PM 3:42
 EDWARD
 H. COUNTY

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

File Number		
1. Unitemized Contributions and Receipts \$100 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.00 or Less per Contributor (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 1250.00
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 1250.00
4. Other Receipts/Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 1250.00
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)		\$ # 1250.00

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.

File Identification Number

Full Name of

Contributing Committee

City of Allentown Firefighters

Date (MM/DD/YYYY)

\$

750.00

House #

732

Street Address

W. Chew Street

Date (MM/DD/YYYY)

\$

City

Allentown

State

PA

Zip Code

18102

Date (MM/DD/YYYY)

\$

Full Name of

Contributing Committee

Friends of Bob Donchez

Date (MM/DD/YYYY)

\$

500.00

House #

377

Street Address

Devonshire Drive

Date (MM/DD/YYYY)

\$

City

Bethlehem

State

PA

Zip Code

18017

Date (MM/DD/YYYY)

\$

Full Name of

Contributing Committee

Date (MM/DD/YYYY)

\$

House #

Street Address

Date (MM/DD/YYYY)

\$

City

State

Zip Code

Date (MM/DD/YYYY)

\$

Full Name of

Contributing Committee

Date (MM/DD/YYYY)

\$

House #

Street Address

Date (MM/DD/YYYY)

\$

City

State

Zip Code

Date (MM/DD/YYYY)

\$

Full Name of

Contributing Committee

Date (MM/DD/YYYY)

\$

House #

Street Address

Date (MM/DD/YYYY)

\$

City

State

Zip Code

Date (MM/DD/YYYY)

\$

Full Name of

Contributing Committee

Date (MM/DD/YYYY)

\$

House #

Street Address

Date (MM/DD/YYYY)

\$

City

State

Zip Code

Date (MM/DD/YYYY)

\$

#1250.00

SCHEDULE II

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**

1. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 FROM PART 1			
TOTAL for the reporting period	(1)	\$	

3. IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00 FROM PART 1			
TOTAL for the reporting period	(2)	\$	

4. IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00 FROM PART 1			
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
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**SCHEDULE III
Statement of Expenditures**

State (Candidate's Name)				
To Whom Paid		Advantage PEP (Celeste Dee)		
Date (MM/DD/YYYY)		\$2500.00		
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Campaign Management	
City	State	Zip Code	Campaign Management	
To Whom Paid	Date (MM/DD/YYYY)			\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	
To Whom Paid	Date (MM/DD/YYYY)			\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	
To Whom Paid	Date (MM/DD/YYYY)			\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	
To Whom Paid	Date (MM/DD/YYYY)			\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	
To Whom Paid	Date (MM/DD/YYYY)			\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	
To Whom Paid	Date (MM/DD/YYYY)			\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	
To Whom Paid	Date (MM/DD/YYYY)			\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	