

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	<input type="checkbox"/>													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Friends of Ray 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	DATE OF ELECTION															
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<i>Allentown City Mayor</i>			<i>DEM</i>	MO.	DAY	YEAR													
		DATES OF REPORTING PERIOD		<table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><i>5</i></td> <td><i>4</i></td> <td><i>21</i></td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR					<i>5</i>	<i>4</i>	<i>21</i>	FOR OFFICE USE ONLY	
MO.	DAY	YEAR	TO	MO.	DAY	YEAR															
				<i>5</i>	<i>4</i>	<i>21</i>															
		GASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>8,286.40</i>																	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>																	
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>															
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>															

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 Contributor, Candidate or 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) IN THE COUNTY OF *Lehigh* TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS *7th* DAY OF *May* 20*21*

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Ray O'Connell
 SIGNATURE OF PERSON SUBMITTING REPORT

RAYMOND P. O'CONNELL
 PRINTED NAME

MY COMMISSION EXPIRES *08/03/21* MO. *08* DAY *03* YR. *21*

484-515-1092
 DAYTIME TELEPHONE NUMBER

Notary Seal: Commonwealth of Pennsylvania - Notary Seal, DA Frank Ahmed, Notary Public, Lehigh County, My commission expires August 8, 2024, Commission number T299962, Member, Pennsylvania Association of Notaries

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 _____