

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 203-40-1640		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 RAYMOND D. O'CONNELL					
STREET ADDRESS 2446 ALLEN STREET					
CITY ALLENTOWN			STATE PA	ZIP CODE 18104 - 4956	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
6TH TUESDAY PRE-PRIMARY	1.			DATE OF ELECTION	
2ND FRIDAY PRE-PRIMARY	2.			MO.	DAY
30 DAY POST-PRIMARY	3.			YEAR	
6TH TUESDAY PRE-ELECTION	4.				
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6.				
ANNUAL REPORT	7. <input checked="" type="checkbox"/>				
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	
		01	01	16	TO
		MO.	DAY	YEAR	
		12	31	16	
CASH BALANCE AT END OF REPORTING PERIOD:				\$	0
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$	0
AMENDMENT REPORT?		YES		NO	
TERMINATION REPORT?		YES		NO	
FOR OFFICE USE ONLY					
RECEIVED 2017 JAN 31 AM 11:52 ELECTIONS OF LEHIGH COUNTY					

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
 31ST DAY OF JANUARY 2017
 SIGNATURE
 MY COMMISSION EXPIRES 9 27 18 MO. DAY YR.

NOTARY PUBLIC
 TIMOTHY ANDREWS
 1101 1/2 N. 2ND ST.
 ALLENTOWN, LEHIGH COUNTY, PA 18101
 My Commission Expires Sep 27, 2018

SIGNATURE OF PERSON SUBMITTING REPORT
 RAYMOND D. O'CONNELL
 PRINTED NAME
 RAYMOND D. O'CONNELL
 DAYTIME TELEPHONE NUMBER
 437-4836

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
 MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF CANDIDATE
 PRINTED NAME
 AREA CODE
 DAYTIME TELEPHONE NUMBER

LEHIGH COUNTY • BOARD OF ELECTIONS
 17 S 7TH STREET • ALLENTOWN, PA 18101-2401 • (610) 782-3197