	CAI	MPAIGN 1	FINANCE REI	PORT			
	Name and A	ddress of F	iling Candidate	or Con	nmitte	e	
Name:		Brad Osbo	rne				
Address:		1460 Cove					
City, State, 2	Zip:	Allentown	PÅ 18104				
		Repo	ort Filed By				
Candidate		X	Committee				
Type of Rep	ort Annual 2	013	Election Date	ate Amended Terr		Termination	
Office Sough	t By Candidate		Party	County	v		
			,	Journ.	,		
Lehigh Count	y Commissioner	r At-Large	R	Lehigh	ehigh		
	Sumn	nary of Red	ceipts & Expend	itures			
From:	10/22/2013		To: 12/31/2013				
A. Amount Brought Forward From Last Report				(65,301.91)			
B. Total Monetary Contributions & Receipts (from Schedule I)					0.00		
C. Total Funds Available (Sum of Lines A & B)					(65,301.91)		
D. Total Expenditures (from Schedule III)				0.00			
E. Ending Cash Balance (Subtract Line D from Line C)				(65,301.91)			
F. Value of In-Kind Contributions Received (from Schedule II)				0.00			
G. Unpaid Debts & Obligations (from Schedule IV)				0.00			

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Pe	riod	
Brid Osborne			To 12/51/13
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LES	S PER CON	TRIBUTO	R. Carlotte
TOTAL for the Reporting Period	od (1)	\$	0
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART	* B)		
Contributions Received from Political Committees (Part A)		\$	Č
All Other Contributions (Part B)		\$	Č'
TOTAL for the Reporting Period	od (2)	\$	0
S. CONTRIBUTIONS OVER \$280.00 (FROM PART C AND PART O)		n four cour	o de la companya de
Contributions Received from Political Committees (Part C)		\$	C
All Other Contributions (Part D)		\$	C,
TOTAL for the Reporting Period	od (3)	\$	0
4. OTHER REGEIPTS * REFUNDS, INTEREST EARNED, RETURNED (HECKS, ET	£ (FROM	PARTE
TOTAL for the Reporting Period	od (4)	\$	6
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.)		\$	0

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

Reporting Per	iod	. 1
From 10	22/13	To 12/31/15
\$50.00 OR I	ESS PE	Kacabinning) (of
d (1)	\$	6
50.00 (FRON	A PART	Florida visio est
d (2)	\$	0
M PARE G	S ince	nasilining a vincentality
d (3)	\$	()
	\$	\bigcirc
	\$50.00 OR I	\$50.00 OR LESS PE od (1) \$ 50.00 (FROM PART od (2) \$ OM PART G d (3) \$

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			1	Reporting	Period	
Brad Osborne.				From	0/22/	15 To 12/31/13
J. 5			1	-		
To Whom Paid			MO.	DAY	YEAR	Amount
Maille Address			2	1		\$
Mailing Address			Descrip	tion of Exp	enditure	
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO	DAY	YEAR	Amount \$
Mailing Address			Descrip	tion of Exp	enditure	
City	I State I	Tie Code (Blue A)				
Jity	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descrip	tion of Exp	enditure	
City	State	Zip Code (Plus 4)				
		_				
To Whom Paid			MO:	DAY	YEAR	Amount \$
Mailing Address			Descrip	tion of Exp	penditure	1.3
City	1 64345 1	Tin Ondo (Blue A)	ļ			
City	State	Zip Code (Plus 4) —				
To Whom Paid	1		. MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descrip	tion of Exp	penaiture	•
City	State	Zip Code (Plus 4)	İ -			
		-				
To Whom Paid			MQ.	DAY	YKAB	Amount \$
Mailing Address			Descrip	otion of Exp	penditure	
City	I come	Zip Code (Plus 4)	ļ			
	State					
To Whom Paid			MO	DAY	YEAR	Amount
						\$
Meiling Address			Descrip	otion of Exp	enditure .	
City	State	Zip Code (Plus 4)				
		_				
To Whom Paid			MO.	DAY	YE OR	Amount \$
Meiling Address			Descri	otion of Exp	penditure	. 3
City	State	Zip Code (Plus 4)	 			
S.I.,	31814	Zip Code (Flus 4)				
	<u> </u>		<u> </u>			PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ıge 1,	Report Cover P	age, i	tem D.		\$
•	•	•				T

PAGE	5	OF	5
		•	

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 Perio	~d
Boad Osboone		From 10 / 27	2/13 To 12/31/13
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE	MO. DAY YE	\$
City	DEBT INCURRED	State Zip Code (Plus	
Description of Debt		-	
Name of Creditor			
			Outstanding Balance of Deb
Mailing Address	DATE DEBT	MO. DAY YE	\$ M:
City	INCURRED	State Zip Code (Plus	4)
Description of Debt			
Name of Creditor			
Mailing Address			Outstanding Balance of Debt \$
manning Address	DATE DEBT	MO. DAY YEA	A :
City	INCURRED	State Zip Code (Plus	4)
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	Inve	SHEACTED WATER	s
City	DATE DEBT INCURRED	MO DAY YEA	B. Harriston of the control of the c
		State Zip Code (Plus 4	n
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE		IS
City	DEBT INCURRED	MO. DAY YEAR	
		State Zip Code (Plus 4	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE		\$
City	DEBT INCURRED	MÓ, DAY YEAR	and the state of t
		State Zip Code (Plus 4)	
Description of Debt			
			DAGE TOTAL
inter Grand Total of Unpaid Debts on Pa	ge 1, Report Cover	Page, Item G.	PAGE TOTAL
			•