CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Brad Osborne Name: Address: 1460 Coventry Rd Allentown PA 18104 City, State, Zip: Candidate X Committee **Election Date** Amended Termination **Type of Report** 2017 – 30 Day Post Primary 05/16/2017 **Termination Report? County** Office Sought By Candidate **Party** R Lehigh Lehigh County Executive Summary of Receipts & Expenditures 05/02/2017 To: 06/05/2017 From: (-47,567.00) A. Amount Brought Forward From Last Report 0.00 B. Total Monetary Contributions & Receipts (from Schedule I) (-47,567.00)C. Total Funds Available (Sum of Lines A & B) 14,100.00 D. Total Expenditures (from Schedule III) (-61,667.00) E. Ending Cash Balance (Subtract Line D from Line C) 0.00 F. Value of In-Kind Contributions Received (from Schedule II) 0.00 G. Unpaid Debts & Obligations (from Schedule IV)

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

Statement of Expenditures

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Filer Identification Number:			
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To Whom Paid CITIZENS FOR MACKENZIE				Date [MM/DD/YYYY]	\$		
				6-1-2017	100.00		
House # 3620	Street Address	Street Address LINCOLN AVENUE			Description of Expend	iture	
City ALLE	ENTOWN	State	PA	Zip Code	18103	CASH CONTRIBL	
To Whom Paid						Date [MM/DD/YYYY]	
CITIZENS TO ELECT BRAD OSBORNE					5-18-2017	10,000.00	
House # 2571	Street Address	BAGLY	OS CIRCL	E, SUITE B2	20	Description of Expendi	iture
City BET	HLEHEM	State	PA	Zip Code	18020	LOAN TO COMM	IITTEE.
To Whom Paid						Date [MM/DD/YYYY]	\$4
CITIZENS TO ELECT BRAD OSBORNE						5-25-2017	4,000.00
House # 2571	Street Address	BAGLY	OS CIRCLE	E, SUITE B20	o	Description of Expendi	ture
City BETH	ILEHEM	State	PA	Zip Code	18020	LOAN TO COMMI	
To Whom Paid				_		Date [MM/DD/YYYY]	S
						Description of Expendi	ture
House #	Street Address						
City	Name of the Advisory of Assessment Assessment of the Assessment of	State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$
House #	Street Address					Description of Expend	iture
	Street Audies						
City	**************************************	State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	
House #	Street Address					Description of Expend	iture
City		State		Zip Code			
To Whom Paid			<u> </u>	code		Date [MM/DD/YYYY]	\$
						200	
House #	Street Address					Description of Expend	iture
City		State		Zip Code			
To Whom Paid		1 year-				Date [MM/DD/YYYY]	\$
House #	Street Address					Description of Expend	lkure
		Cease I		Zip			
City		State		Code			