

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Citizens to Elect Brad Osborne</i>		
Address:		<i>1460 Coventry Rd</i>		
City, State, Zip:		<i>Allentown, PA 18104</i>		
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report		Election Date	Amended	Termination
2015 – 30 Day Post Election		11/03/2015		
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner At-Large</i>		<i>R</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>10/20/2015</i>	To:	<i>11/23/2015</i>	
A. Amount Brought Forward From Last Report			<i>0.00</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>5,200.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>5,200.00</i>	
D. Total Expenditures (from Schedule III)			<i>5,000.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>200.00</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(5,000.00)</i>	

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

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	200.00
Total for the reporting period		(2)	\$ 200.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	5,000.00
Total for the reporting period		(3)	\$ 5,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	5,200.00

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor				BRAD OSBORNE		Date [MM/DD/YYYY]	10/21/2015	\$	100.00
House #		Street Address	1460 COVENTRY ROAD			Date [MM/DD/YYYY]		\$	
City	ALLENTOWN	State	PA	Zip Code	18104-2028	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				FRANCIS HACKETT		Date [MM/DD/YYYY]	11/03/2015	\$	100.00
House #		Street Address	201 E. MACADA ROAD			Date [MM/DD/YYYY]		\$	
City	BETHLEHEM	State	PA	Zip Code	18017	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Brad Osborne				10/27/2015			
House #		Street Address			Date [MM/DD/YYYY]	\$	
		1460 Coventry Road					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Allentown		PA		18104			
Employer Name				Occupation			5,000.00
Retired				Retired			
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		RESTORE PA				Date [MM/DD/YYYY]		\$	5,000.00
House #		Street Address				Description of Expenditure			
City		Allentown		State	PA		Zip Code	18105	
CASH CONTRIBUTION.									
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State			Zip Code		
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State			Zip Code		
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State			Zip Code		
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State			Zip Code		
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State			Zip Code		
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State			Zip Code		
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State			Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor					Brad Osborne		Outstanding Balance of Debt	
House #		Street Address	1460 Coventry Road		DATE DEBT INCURRED [MM/DD/YYYY]		\$ \$5,000	
				10/27/2015				
City		Allentown	State	PA	Zip Code	18104		
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								