	CAN	MPAIGN F	FINANCE REP	ORT			
	Name and Ad	ldress of Fi	iling Candidate	or Com	mitte	e	
Name: Citizens to Elect Brad Osborne 1460 Coventry Rd City, State, Zip: Allentown, PA 18104							
*			rt Filed By				
Candidate	Candidate					X	
Type of Report 2015 – 30 Day Post Election			Election Date 11/03/2015	Amended		Termination	
Termination	Report?						
Office Sough	t By Candidate	;	Party	County			
Lehigh Coun	ty Commissioner	r At-Large	R	Lehigh			
	Summ	nary of Rec	eipts & Expend	litures			
From:	From: 10/20/2015 To:			11/23/2015			
A. Amount B	rought Forwar	d From Las	t Report	0.00			
B. Total Mon	etary Contribu	tions & Rec	eipts (from Sche	dule I)	5,200.00		
C. Total Funds Available (Sum of Lines A & B)					5,200.00		
D. Total Expenditures (from Schedule III)					5,000.00		
E. Ending Cash Balance (Subtract Line D from Line C)					200.00		
F. Value of In-Kind Contributions Received (from Schedule II)					0.00		
G. Unpaid De	ebts & Obligation	ons (from Sc	hedule IV)		(5,00	0.00)	

^{*}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)	\$	
	L	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 Described from Delitical Committees (Described)		
Contributions Received from Political Committees (Part C)	\$	0.00
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$	0.00
All Other Contributions (Part D)	\$	5,000.00
	\$	5,000.00
All Other Contributions (Part D) Total for the reporting period (3	\$	5,000.00
All Other Contributions (Part D)	\$	5,000.00
All Other Contributions (Part D) Total for the reporting period (3	\$	5,000.00
All Other Contributions (Part D) Total for the reporting period (3 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4	\$	5,000.00
All Other Contributions (Part D) Total for the reporting period (3 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	\$) \$	5,000.00

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:				
Full Name of Contributor	D OSDODNE		Date [MM/DD/MYYY]	
	D OSBORNE		10/21/2015	100.00
House # Street A	State Control of the	DAD	Date [MM/DD/YYYY] \$	
City ALLENTOWN	State PA	Zip Code 18104-2028	Date [MM/DD/XYYY]	
Full Name of Contributor	NCIS HACKETT		Date [MM/DD/YYY] S	100.00
House # Street A			11/03/2015 Date [MM/DD/\(\gamma\)\(
City	State	Zip Code	Date [MM/DD/YYYY], \$.	
Full Name of Contributor	PA	18017	Date [MM/DD/NYYY]	
			pate [MM/pp/hp/h/]	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]# \$	
Full Name of Contributor	- 330		Date [MM/DD/XXXX] \$\$	
House # Street Ac			Date [MM/DD/YYYY] (\$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor.			Date [MM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
House # Street Ac	ldress		Date [MM/DD/YYYY] \$:
City	State	Zip Code	Date [MM/DD/YYYY]: \$.	
Full Name of Contributor	12 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(** - 1 *****(*************************	Date [MM/DD/XYYY]	
House # Street:Ad	ldress		Date [MM/DD/YYYY] \$	
	State	Zip Code		71744
BEEST FEET ST	Jule	LID COURT	Date [MM/DD/YYYY] St	

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	West Asia Commission				
Full Name of Con	25 25 38 X			Date [MM/DD/YXXX]	
	Brad	hsborne		7.0 (0.7 (0.0.1 5	
House #	Street Address	DODOTILE		10/27/2015 Date [MM/DD/YYYY] \$	
		1460 0			
City		1460_Co	ventry Road Zip Code	Date [MM/DD/YYYY] \$	
	entown	ĎA	18104		
Employer Name	September 1			Occupation*	5,000.00
Employer Mailing	γΔddress /	Retired		Retired	
Principal Place of					
Full Name of Con	tributor			Date (MM/DD/MM)	
House #	Street Address			Date [MM/DD/YYYY] \$	
City'		State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
				CONTINUING CONTINUING	
Employer Name			And a little state of the state	Occupation .	
Employer Mailing Principal Place of				Legistro e 470 e constitución e	
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY], \$	
Employer Name				Occupation	
Employer Mailing Principal Place of	Address /			A Analog of State of	
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address		The state of the s	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY]: \$	- Control of the Cont
Employer Name				Occupation:	
Employer Mailing	Address /			Occupation	
Principal Place of I					

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	RESTORE PA					Date [MM/DD/YYYY]	
						11/5/2015	\$,000.00
House #	Street Address	PO Box 4464				Description, of Expen	diture The state of the state o
Allento	own	State	PA Zip.	ee.	18105	CASH CONTRIBUTION.	
To Whom Paid						Date [MM/DD/YYYY]	4 \$ \$ 4
							4.
House #	Street Address					Description of Expend	<u>lidie</u>
City		State	Zip Cod	e			
To Whom Paid						Date [MM/DD/YYYY]	<u>i</u> S
House #	Street Address	-	au au			Description of Expend	liure
City	Same managers of the same state of the same stat	State	Zip; Codi	e	- Marie	A CAMPATER OF THE STATE OF THE	
To Whom Paid		1 ,	Sec. of Street Conference on C	Section As Section 11		Date [MM/DD/YYYY]	[S
House #	Street Address		, , , , , , , , , , , , , , , , , , , ,			Description of Expendi	tures of the 120
City		State	Zip. Code				
To Whom Paid						Date [MM/DD/YYYY]	\$
House #	Street Address					Description of Expendi	iii/egsamaaa
City		State	Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	S
House #	Street Address					Description of Expendi	ure
City		State	Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	S
House #	Street Address					Description of Expendi	we.
City of		State	Zip Code			20.000	
To Whom Paid				-		Date [MM/DD/YYYY]	\$
House #	Street Address					Description of Expendit	ure
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 Nu	mber:						
Name of Creditor	Brad	Osborne				Outsta	anding Balance of Debt
House #	Street Address	1460 Coventry Road	10	TE DEBT INC [MM/DD/YY 0/27/2015		5	5,000
City	Allento	own	State PA	710	18104	4	5,000
Description of Debt			1	<u> </u>		*23*1	
Name of Creditor	Section 1					Outsta	inding Balance of Debt #
House #	Street Address			TE DEBT INC [MM/DD/XX		\$	The second se
City			State	Zip		4	
Description of Debt			All the latest and th	1 To Control of the C			
Name of Creditor			i decembration			科文 "就	inding Balance of Debt
House #	Street Address			TE DEBT INCI [MM/DD/YY	m j ⊹ : :		
UBY TO THE REPORT OF THE PERSON OF THE PERSO			State	Zip Code .	- AND		
Description of Debt.	* 9 * •		The Action of the Control of the Con	S. "Si de diffe. As province of	P.	CONT. W	
Name of Creditor					Will the state of		nding Balance of Debt
House #	Street Address		***	TE DEBT INCL [MM/DD/YY			
City		G.	State .	Zip Code 📜	Hill Bir v. anderson	7	
Description of Debt							
	UNITED AND THE PARTY OF THE PAR					生物数	nding Balance of Debt
House #	Street Address			TE DEBT INCL [MM/DD////		\$	
City	THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SERVICE	Company of the Compan	State	Zip, Code			
Description of Debt			Vol. 16. general vol. Com	mit signarda	[*************************************	経典の重	
Name of Creditor						Outstar	nding Balance of Debt
House #	Street Address			TE DEBT INCU [MM/DD/YY)		S.	
City			State:	Zip.		\$	
Description of Debt*							