	CAN	IPAIGN F	INANCE REP	ORT			
	Name and Ad	ldress of Fi	ling Candidate	or Com	mitte	e	
Name: Brad Osborne							
Address:		1460 Coventry Rd					
City, State, Z	Zip:	Allentown F	PA 18104				
		Repor	rt Filed By				
Candidate		X	Committee				
Type of Repo	ort		Election Date	Amend	ed	Termination	
2015 – 2 nd Fri	day Pre-Electio	n	11/03/2015				
Termination	Report?						
Office Sought By Candidate		Party	County	ounty			
Lehigh County Commissioner At-Large			R	Lehigh			
	Sumn	nary of Rec	eipts & Expend	litures			
From:	06/09/2015		To:	10/19/2	015	N	
A. Amount B	rought Forwar	d From Las	t Report		(7,41	7.00)	
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	0.00		
C. Total Funds Available (Sum of Lines A & B)					(7,417.00)		
D. Total Expenditures (from Schedule III)					2,000.00		
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		(9,41	7.00)	
F. Value of In-Kind Contributions Received (from Schedule II					2,082.13		
G. Unpaid De	bts & Obligati	ons (from Sc	chedule IV)		0.00		

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

SCHEDULE II IN-KIND CONTRIBUTIONS RECEIVED

	V	ALUE OVE	R \$250.00			- -		
Name of Filing Committee or Candidate				 	N	 		
BRAD OSBOR	ME				Reporting From _	6/9	lis	To 10/19/15
Full Name of Contributor					DATE			AMOUNT
RESTORE PA				HO.	CAY	YES	S	AMODITI
Mailing Address	·			MO.	DAY	YEAR		
ALLENTOWN	State	Zip Code		MO.	DAY	YEAR		
Employer of Contributor	18 4-3	178/02	-7767	Occupat	19 ion	2015	\$	2,082,13
Employer Mailing Address/Principal Place of Business				Descript	ion of Co	ntribution		
Full Name of Contributor				(CAM	401 br	1 Ru	o marsa ~
				MO.	DAY	Seg.	S	
Mailing Address				MO.	DAY	YEAR	+-	
City	State	Zip Code	(Plus 4)				\$	
Employer of Contributor		2.0 0000	-	MO.	DAY	YEAR	\$	
				Occupati	on	<u> </u>		
Employer Mailing Address/Principal Place of Business	······			Descript	on of Con	tribution		
Full Name of Contributor								
			F	. N/O.	DAY	YEAR	s	
Mailing Address				MO.	DAY	YEAR	 	
City	State	Zip Code	(9)				\$	
		Alp Code		MO.	DAY	YEAR	S	
Employer of Contributor				Occupation	on .	**************************************	<u>L</u>	
Employer Mailing Address/Principal Place of Business								
				Pescripti	on of Cont	ribution		
Full Name of Contributor				NECI.	VAY	YEAR		
Mailing Address				RAWA 7			\$	
City				MO.	DAY	YEAR	\$	
	State	Zip Code 8	Plus 4)	MO.	DAY	YEAR	-	
Employer of Contributor				Decupatio			\$	
Employer Meiline Address (D.					••			
Employer Mailing Address/Principal Place of Business	_		1	escriptio	on of Conti	ribution		· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor								
Mailing Address			H			TEAR '	\$	
merining Address				MO.	DAY	YEAR		
City	State	Zip Code (P	lus 4)	MO.	DAY	VEAR	\$	
Employer of Contributor		-	•				\$	-
				ccupation	1			
Employer Mailing Address/Principal Place of Business			-	escriptio	n of Contr	ibution		
Enter Grand Total of Part G on Schedu Summary Page, Section 3.	ile II,	In-Kind Co	ontributio	ns Det	ailed		PAGE	TOTAL
Summary Page, Section 3. SEB-502 (7-99)					U		\$ 5	-,082.13

DSEB-502 (7-99)

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

BRAD OSBORNE	Re	Reporting Period From 6/9/14		
NTEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE				
TOTAL for the Reporting	Period	(1)	\$	
KINE CONTRIBUTIONS RECEIVED - VALUE OF \$80.01 T		de la companya de la		
TOTAL for the Reporting		(2)	\$	
KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00			ર્દ્ધ પ્રત્યો જેલ્લાનું ક્	
TOTAL for the Reporting		(3)		082.13
VALUE OF IN MAIN				
VALUE OF IN-KIND CONTRIBUTIONS DURING THIS FING PERIOD (Add and enter amount totals from Boxes 1. also enter on Page 1. Report Cover Page, Item F.)	2.		\$ 2,	082.13

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate		_		eporting		
	BRAD E	der	1E		From _	6/9/	115 to 10/19/15
To Whom Paid	Restore pa					2015	Amount \$ 2,000,∞
Mailing Address	P.O. Box 4464			on of Exp	enditure	ON TO PAC	
	ALLENTOWN	State A9	Zip Code (Plus 4) 18 105 - 4464				
To Whom Paid				Mo.	DAY	YEAR	Amount \$
Mailing Address				Description	on of Exp	enditure	
City		State	Zip Code (Plus 4)				
To Whom Paid				No.	DAY	YEAR!	Amount \$
Mailing Address				Description	on of Exp	enditure	
City		State	Zip Code (Plus 4)	†			
To Whom Paid				MO.	DAY	YEAH	Amount e
Mailing Address				Descriptio	on of Expe	enditure	\$
City		State	Zip Code (Plus 4)	i		<u> </u>	
To Whom Paid				MO.	DAY	YEAR	Amount
Mailing Address				Descriptio	on of Expe	enditure	\$
City		State	Zip Code (Plus 4)				
To Whom Paid				MO.		YEAR'S	
Mailing Address				Descriptio	n of Exp	enditure	\$
City		State	Zip Code (Plus 4)		****		
To Whom Paid			_	Mo.	- VAO	-TEAT	Amount
Mailing Address				Descriptio	n of Expe	enditure	\$
City		State	Zip Code (Flus 4)	<u> </u>	-		
To Whom Paid			_		DAY.	EYL OF	Amount
Mailing Address				Description			\$
City		State	Zip Code (Plus 4)				
			_			······································	DACE PARAL
Enter Grand To	otal of Expenditures on	ı Page 1, f	Report Cover Pa	age, Iter	m D.		PAGE TOTAL \$ 2,000.00