	CAN	MPAIGN F	INANCE REP	ORT			
	Name and Ad	ldress of Fi	ling Candidate	or Com	mitte	e	
Name:		Brad Osbou	ırne				
Address:		1460 Coven					
City, State, Z	Zip:	Allentown F	•				
			rt Filed By				
			- · · · · · · · · · · · · · · · · · · ·				
Candidate		X	Committee				
Type of Repo	ort		Election Date	Amend	ed	Termination	
2015 - 2 nd Fri	day Pre-Primary	7	05/19/2015				
Termination	Report?						
Office Sough	t By Candidate	;	Party	County			
Lehigh Coun	ty Commissione.	r At-Large	R	Lehigh			
	Sumn	nary of Rec	eipts & Expend	litures			
From:	01/01/2015		To:	05/04/2	015		
A. Amount Brought Forward From La			t Report		0.00		
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	50.00)	
C. Total Funds Available (Sum of Lines			A & B) 50.00)	
D. Total Expenditures (from Schedule l			7,467.0			7.00	
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		(7,41	7.00)	
F. Value of Ir	-Kind Contrib	utions Recei	ved (from Sched	ule II)	11,20)5.16	
G. Unpaid De	ebts & Obligati	ons (from Sc	chedule IV)		0.00		

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

SCHEDULE I

PAGE 2 OF 6

\$ 50,00

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

BRAD OSBORNE	From		To _ S/4/1S
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUT	FOR
TOTAL for the Reporting Period	(1)	\$	50,∞
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART		Branch St.	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Period	(2)	\$	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	To draw to		a portar
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Period	(3)	\$	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC	. (FRC	M PARTE
TOTAL for the Reporting Period	(4)	\$	

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.)

SCHEDULE II

PAGE _ 3 OF L

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

Name of Filing Committee or Candidate BRAD OSBORNE	Reporting Pe		To 5/4/15
			10
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	50 00 OR	i Ecc	
TOTAL for the Reporting Perio			TO CONTRIBUTOR
IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$80.01 TO \$20	50.00 (FRO	u Pa	
TOTAL for the Reporting Period		\$	/37.50
IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	The second second	
TOTAL for the Reporting Period	d (3)	\$	11,067.66
OTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS		1	
EPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	11,205.16

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			P	Reporting			
BRAD OSBORNE						<u> </u>	To 5/4/15
				DATE			AMOUNT
Full Name of Contributor LISA SCHELCER			40. 3	DAY 9	YEAR 15	\$	137.50
			У	DAY	YEAR	+	131.3
751 Bernen	ROAD		'			\$	
ALLERTONA A	Zip Code (PI	us 4) M	vo.	DAY	YEAR	\$	
				111.			Markethan
Full Name of Contributor	Keti Fiom						
The same of South Edition		No.	40.	DAY	YEAR	\$	
Mailing Address			40.	DAY	YEAR	+-	
					2000	\$	
City	ate Zip Code (Pi	us 4) M	40.	DAY	YEAR	s	
Description of Contribution:							
Full Name of Contributor		_ M	10.	DAY	YEAR	Ţ	
Mailing Address						\$	
maning Contess		M	10.	DAY	YEAR	\$	
City	zip Code (Plu	us 4} M	10.	DAY	YEAR	1	
	_		<u>v.</u>		150	\$	
Description of Contribution:		-			L	L	
Full Name of Contributor			-				
run Hanne di Gonti ibatoi		- Mr	10.	DAY	YEAR	\$	
Mailing Address		- I M	10.	DAY	YEAR		
						\$	
City	Zip Code (Plu	us 4) M	10.	DAY	YEAR	—	
Description of Contribution:						\$	
Full Name of Contributor			io. T	DAY	YEAR	_	
			<u>- </u>	-	1	\$	
Mailing Address		M	0.	DAY	YEAR	1.	
City	ite Zip Code (Plu	- A)				\$	
	-	us 4) MC	3	DAY	YEAR	\$	
Description of Contribution:	·						
Full Name of Contributor							
Full Name of Contributor		MC	<u>5.</u>	DAY	YEAR	\$	
Mailing Address		- LAME	O. S.	DAY	YEAR	<u> </u>	
			^			\$	
City	te Zip Code (Plu	us 4) MG	ō.	DAY	YEAR		
Description of Contribution:						\$	
Description of Community.							
						246	
Enter Grand Total of Part F on Schedule Summary Page, Section 2.	II, In-Kind Cor	ntributions	Def	tailed	1		E TOTAL
Julillia, 1 age, Jection 2.					- 1	\$	137.50

P	AGE	5	OF	6

\$ 11,067.66

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Panie of Filing Committee or Candidate	_		٦	Reporting			4	
BRAD OSBORNE				From _	1/1/1	<u>5</u>	To <u>5/4/,5</u>	
				DATE			AMOUNT	
Full Name of Contributor RESTORE PA	-		MO:		YEAR	\$		
Mailing Address			5	DAY	YEAR			
City C.	446	54				\$		
HLEEN TOWN	PA	Zip Code (Plus 4) 18105 -4464	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupati	Lion .	Т			
Employer Mailing Address/Principal Place of Business								
Chiproyal manning Acceptant manager (1995).				tion of Con			SOMO TON	
Full Name of Contributor			Mo.	DAY			OMIO ITOM	
Mailing Address					T. T.	\$		
Mailing Address			MO.	DAY	YEAR	s	-	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
Employer of Contributor					14 No.	\$		
Employer of Contributor			Occupation	ion	Д			
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	:hution	Marine Ma		
				OH U:	Milouries.			
Full Name of Contributor	-		MO.	DAY	YEAR			
Mailing Address						\$		
			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
Employer of Contributor						\$		
	_		Occupatio	on	<u></u>	1		
Employer Meiling Address/Principal Place of Business			Descripti	ion of Cont	-+ribution			
				Jii	(F166			
Full Name of Contributor	-		MQ.	DAY	YEAR			
Mailing Address			1			\$		
			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	1		
Employer of Contributor						\$		
		,	Occupation	ภัก		***************************************		
Employer Mailing Address/Principal Place of Business			Description	ion of Cont	tribution			
Full Name of Contributor		,						
	 -		MO	DAY	YEAR	\$		
Mailing Address			MO.	DAY	VELA	-		
City	-			- VA	TEAL	\$		
51	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Emplayer of Contributor			Occupation			*		
Employer Mailing Address/Principal Place of Business								
mployer mailing Address/Principal Place of business			Description of Contribution					
						- 1		
Enter Grand Total of Part G on Schedul Summary Page, Section 3.	le II,	, In-Kind Contributi	ions De	tailed	1	PAGE	E TOTAL	
Jummary rage. Section 3.			•	/ 	7	4 &		

DSE8-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			7	Reporting	Pariod	
BARD OSBORNE			ľ			5 To 5/4/15
COUNTY OF LEHIUN			мо.	DAY	YEAR 15	Amount \$ /00.00
Mailing Address 17 S. SEVENTH STREE			Descript	ion of Ex	penditure	
ALLENTOWN	State	Zip Code (Plus 4)	\ \	<u> </u>	FEE	
To Whom Brid	PA	18101-2400				
Ron Young			MO.	J 7	YEAR 15	Amount \$ /7.00
Mailing Address 421 TAMARACK DRI	√€			ion of Ex	penditure	MOTARY GEE
ALLENTOWN	State	Zip Code (Plus 4) /8/04-		57 1-72	<u> </u>	TABLEMEN DEE
To Whom Paid RESCORE PA			Mo.	DAY	YEAR	
Mailing Address			Descript	ion of Exp	enditure	\$ 5,000.00
P.O. Box 4464	State	Zip Code (Plus 4)	a	ontr.	SUM	SO PAC
ALLENTONA	PA	18105 -4464				
To Whom Peid RESTORE MA			MO.	DAY	YEAR	Amount
Mailing Address			1	on of Exp		\$ 2,250.00
City P. D. Dox 4464	State	Zip Code (Plus 4)	_ C	MAR	الم	on to pac
AUGAROWA	PA					
FRIENDS OF SEAN CHLL			MO.	LAY	YEAR	Amount \$ / 60.00
Mailing Address 1708 GLACIER COURT			_	on of Exp		
City	·		[Cr)	1111111	IGN 1	
Δ	State	Zip Code (Plus 4)				CONTRIBUTION
ALLENTOWN To Whom Paid	PA	Zip Code (Plus 4) /8/04 -				
To Whom Paid	1		Mo.			Amount
	1		E-Mo.		*** *********************************	
To Whom Paid	PA		E-Mo.	. Dav	*** *********************************	Amount
To Whom Paid Mailing Address	PA	18104 -	MO.	DAY on of Exp	Y A P	Amount \$
To Whom Paid Mailing Address City To Whom Paid	PA	18104 -	E-Mo.	. Dav	*** *********************************	Amount \$
To Whom Paid Mailing Address City	PA	Zip Code (Plus 4)	Descripti	DAY on of Exp	anditure	Amount \$
To Whom Paid Mailing Address City To Whom Paid Mailing Address	PA	Zip Code (Plus 4)	Descripti	on of Exp	anditure	Amount \$
To Whom Paid Mailing Address City To Whom Paid Mailing Address	PA	Zip Code (Plus 4)	MO. Description MO.	OAY On of Exp	YEAR	Amount \$ Amount \$
To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid	PA	Zip Code (Plus 4)	Descripti	on of Exp	YEAR	Amount \$
To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid Mailing Address	PA	Zip Code (Plus 4) Zip Code (Plus 4) —	MO. Description MO.	OAY On of Exp	YEAR anditure	Amount \$ Amount \$
To Whom Paid Mailing Address City To Whom Paid Mailing Address City	PA	Zip Code (Plus 4) Zip Code (Plus 4) —	MO. Description MO.	OAY On of Expe	YEAR anditure	Amount \$ Amount \$
To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4) Zip Code (Plus 4) —	MO. Description MO.	OAY On of Expe	YEAR anditure	Amount \$ Amount \$
To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State State	Zip Code (Plus 4) Zip Code (Plus 4) Zip Code (Plus 4)	MO. Description MO. Description	OAY On of Expe	YEAR anditure	Amount \$ Amount \$