### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 202	3C0090				port ed B		CANI	OIDA	ATE	<b>✓</b>	СО	COMMITTEE LOBBYIST							
Name of Filing C	ommittee, Candi	date or L	obbyist:		COL	LLEE	N MC	INTYRE	os	BORN	1E									
Street Address:																				
City:								State:					Zip Code	e: 19	154					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY	DAY PRE Y	-	2. <b>X</b>	30 DA PRIMA		POS	ST-	3.		AMENDME REPORT?	0	<b>\</b>					
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	DAY PRE	E-	5.	30 DA		POST- 6. TERMINATION Yes NEPORT?								0	<b>\</b>		
report type)	ANNUAL REPOR	7.	Year 20	23				IG MET					PAPER		<b>V</b>	DISK	ETTE			
Name of Office S	ought by Candid	ate:	•					DATE	OF	ELEC	TION		District Number	Office Code	Par	ty Cod	Code			
								МО	D	AY	YEAF	2	1	MCJ	DEI	1	1000			
JUDGE OF THE	MUNICIPAL COL	IRT						1	1		7 2	.023		(SEE IN	STRUCTI	ONS FOR	CODES	5)		
Summary of		МО	DAY	YEAR	ł			МО	D	AY	YEAI	2	FOF	OFFIC	E USE	ONLY				
Expenditures	from:		3	28 2	023	T	0		5		1 2	2023								
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-			(5	.00)								
B. Total Monet	ary Contributions	And Rec	eipts (Fr	om Sche	dule	e I)	\$				(	0.00								
C. Total Funds	Available (Sum C	f Lines A	and B)				\$				(	0.00								
D. Total Expend	ditures (From Sc	nedule II	I)				\$				12,500	0.00								
E. Ending Cash	Balance (Subtra	ct Line D	From Lir	ne C)			\$			(1	3,000.	00)								
F. Value Of In-	Kind Contribution	s Receiv	ed (From	1 Schedu	le II	I)	\$				C	.00								
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)			\$				C	0.00			'					
				AFF	FID/	AVI	ΓSE	CTIO	١											
PART I - If this is			_						=	-		_								
correct and comple	that this report, in ete.	cluding the	e attached	schedule	s file	d on	paper	or by ele	ctror	nic me	dium, ai	e to t	he best of	my knov	wledge	and be	lief , tr	rue		
Sworn to and subs	cribed before me th day of	is	20								Sigr	ature	of Person	Submit	ing Re	oort				
	Signat	ure					-		_				Printe	ed Name						
My Commission Ex	rpires						_		_				Email							
	МО	D	AY	YR						Are	a Code		Daytime	Teleph	one Nu	mber		$\perp$		
Part II- If this is	a report of a car	ididate's	authoriz	ed Comn	nitte	ee, C	andid	ate sha	II sig	gn he	re.									
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and b	belief this	poli	itical	comm	ittee has	not	violat	ed any p	rovisi	ons of the	act of J	une 3,1	937 (P.	L. 133	з,		
Sworn to and subsc	ribed before me thi	5	20						-			Si	gnature of	Candida	ate			_		
							-		_				Printed	Name				-		
My Commission Exp	Signature						-		_				Email					-		
,	·-								_									_		
	МО	D	AY	YR	ł					Area C	Code		Day	time T	elephor	e Num	ber			

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
COLLEEN MCINTYRE OSBORNE	From:	<u>3/28/202</u>	<u>3</u> To:	5/1/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 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)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committe	e or Candidate	ı	Reporting	Period			
		F	From:		То	•	
		•		DATE			AMOUNT
Full Name of Contributing	Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committe	e or Candidate		Reportin	g Period			
			From:		To	<b>)</b> :	
		·		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)			I		
City		2.5 code (1.125 1)					

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or C	Candidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Con	nmittee			МО	DAY	YEAR		0.00
Mailing Address							<b>-</b> \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C	C on Schedule I, Detailed	d Summary Pa	age, Sectio	n 3.			\$	0.00

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To	<b>o</b> :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	on 3.			\$	PAGE TOTAL 0.00

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee	or Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	0.00

#### **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

Name of Filing Committee or Candidate	Reporting Perio	od	
COLLEEN MCINTYRE OSBORNE	From:	3/28/2023 <b>To</b> :	5/1/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
COLLEEN MCINTYRE OSBORNE	From	3/28/2023	То:	5/1/2023

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
FRIENDS OF COLLEEN MCINT	ENDS OF COLLEEN MCINTYRE OSBORNE				ILAK		
lailing Address 15 VIRGINIA LANE				1	2023	\$	12,500.00
City HORSHAM	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19044	LOAN T	O CAMPAIO	GN		
							PAGE TOTAL
Enter Grand Total of Exper	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						