

Campaign Finance Report

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

| | | | | | | | | | | | |
|---|--------------------------|--------------------------|-------------------------|------------------------------------|-------------------------|--|--|------------------------------|---|-------------------|--------------------|
| Filer Identification Number : 20220603 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF COLLEEN MCINTYRE OSBORNE | | | | | | | | | | | |
| Street Address: PO BOX 22352 | | | | | | | | | | | |
| City: PHILADELPHIA | | | | State: PA | | Zip Code: 19110 | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | <input checked="" type="checkbox"/> No | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. X | TERMINATION REPORT? | Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. | Year 2023 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | |
| Name of Office Sought by Candidate: | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| JUDGE OF THE MUNICIPAL COURT | | | | | MO | DAY | YEAR | 1 | MCJ | DEM | 51 |
| | | | | | 11 | 7 | 2023 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | |
| | | 10 | 24 | 2023 | | 11 | 27 | 2023 | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ | | (11,989.00) | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ | | 11,080.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ | | (909.00) | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ | | 7,323.28 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ | | (8,232.28) | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | \$ | | 8,270.00 | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF COLLEEN MCINTYRE OSBORNE | From: <u>10/24/2023</u> To: <u>11/27/2023</u> |

| | |
|--|---------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting 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 Period (2) | \$ 0.00 |

| | |
|---|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 4,000.00 |
| All Other Contributions (Part D) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 4,000.00 |

| | |
|--|-------------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 7,080.00 |

| | |
|---|--------------|
| 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 Page1, Report Cover Page, Item B.) | \$ 11,080.00 |
|---|--------------|

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 Committee or Candidate | Reporting Period |
| | From: To: |
| <div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div> | |

| | | | | | | |
|-------------------------------------|-------|-------------------|----|-----|------|---------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART B

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 Committee or Candidate | Reporting Period |
| | From: To: |

| DATE | | | AMOUNT |
|------|--|--|--------|
|------|--|--|--------|

| | | | | | | |
|--------------------------|-------|-------------------|----|-----|------|--------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |

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

| |
|------------|
| PAGE TOTAL |
| \$0.00 |

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 Candidate FRIENDS OF COLLEEN MCINTYRE OSBORNE | Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u> |
|---|--|

| | | | | DATE | | AMOUNT | |
|---|----------|------------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee Gas Workers Employees union | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 9190 Marshall st | | | | 11 | 3 | 2023 | |
| City Philadelphia, | State PA | Zip Code (Plus 4) 19114 | | | | | |
| Full Name of Contributing Committee CARPENTERS PAC OF PHILA & VICINITY | | | | MO | DAY | YEAR | \$ 2,500.00 |
| Mailing Address 1803 SPRING GARDEN ST | | | | 10 | 28 | 2023 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19130-0391 | | | | | |
| Full Name of Contributing Committee Operating Engineers local 542 | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 1375 Virginia Drive | | | | 10 | 30 | 2023 | |
| City Ft Washington | State PA | Zip Code (Plus 4) 19034 | | | | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 4,000.00 |

PART D
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 | Reporting Period |
| | From: To: |

| | | | | DATE | AMOUNT | | |
|--|-------|-------------------|------|------------|-------------------|------|---------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART E 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 FRIENDS OF COLLEEN MCINTYRE OSBORNE | Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u> |
|---|--|

| | | | DATE | AMOUNT |
|---|-----------------|--------------------------------|------|--------|
| Full Name | MO | DAY | YEAR | |
| colleen McIntyre Osborne | | | | |
| Mailing Address 10830 Ellicott RD | | | 11 | 14 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19154 | | |
| | | | | |
| Receipt Description debt repayment | | | | |
| | | | | |

| Full Name | MO | DAY | YEAR | |
|---|-----------------|--------------------------------|------|----|
| james McIntyre | | | | |
| Mailing Address 15 Virginia lane | | | 11 | 14 |
| City Horsham | State PA | Zip Code (Plus 4) 19044 | | |
| | | | | |
| Receipt Description debt repayment | | | | |
| | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 7,080.00 |

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 Period | |
| FRIENDS OF COLLEEN MCINTYRE OSBORNE | | From: <u>10/24/2023</u> To: <u>11/27/2023</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period (1) | | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period (2) | | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period (3) | | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | \$ | 0.00 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | PAGE TOTAL \$ 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF COLLEEN MCINTYRE OSBORNE | From <u>10/24/2023</u> To: <u>11/27/2023</u> |

| DATE | | | | AMOUNT | | |
|--|----------|-------------------------|--|--------|------|-------------|
| To Whom Paid james McIntyre | | | MO | DAY | YEAR | \$ 2,000.00 |
| Mailing Address 15 Virginia Lane | | | 10 | 30 | 2023 | |
| City Horsham | State PA | Zip Code (Plus 4) 19044 | Description of Expenditure debt repayment | | | |
| To Whom Paid Colleen McIntyre Osborne | | | MO | DAY | YEAR | \$ 2,500.00 |
| Mailing Address 10830 Ellicott St | | | 11 | 2 | 2023 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19154 | Description of Expenditure loan repayment | | | |
| To Whom Paid Philadelphia FOP | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 11630 Caroline Road | | | 11 | 3 | 2023 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19154 | Description of Expenditure fundraiser | | | |
| To Whom Paid chelenham printing | | | MO | DAY | YEAR | \$ 93.28 |
| Mailing Address 518 Ryers Ave | | | 11 | 3 | 2023 | |
| City Cheltenham | State PA | Zip Code (Plus 4) 19102 | Description of Expenditure campaign literature | | | |
| To Whom Paid Colleen McIntyre | | | MO | DAY | YEAR | \$ 1,580.00 |
| Mailing Address 10830 Ellicott St | | | 11 | 19 | 2023 | |
| City philadelphia | State PA | Zip Code (Plus 4) 19154 | Description of Expenditure repaid campaign loan | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|----------------------------------|
| To Whom Paid james McIntyre | | | MO | DAY | YEAR | |
| Mailing Address 15 Virginia Lane | | | 11 | 19 | 2023 | |
| City Horsham | State PA | Zip Code (Plus 4) 19044 | Description of Expenditure repaid campaign debt | | | \$ 1,000.00 |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 7,323.28 |

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**

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Name of Filing Committee or Candidate FRIENDS OF COLLEEN MCINTYRE OSBORNE | | | | Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u> | | | |
|---|--|--|--|--|--|--|--|

| | | | | | | | | |
|---|--------------------|--|-----------------------------------|--|--|--|-------------|-------------|
| | | | | | | Outstanding Balance of Debt | | |
| | | | | | | DATE | | |
| Name of Creditor colleen mcintyre osborne | | | | | MO | DAY | YEAR | \$ 6,420.00 |
| Mailing Address 10830 Ellicott | | | | | 11 | 14 | 2023 | |
| City Philadelphia | State PA | | Zip Code (Plus 4) 19154 | | Description of Debt debt repayment | | | |

| | | | | | | | | |
|---|--------------------|--|-----------------------------------|--|--|--|-------------|-------------|
| | | | | | | Outstanding Balance of Debt | | |
| | | | | | | DATE | | |
| Name of Creditor james McIntyre | | | | | MO | DAY | YEAR | \$ 1,850.00 |
| Mailing Address 15 Virginia lane | | | | | 11 | 14 | 2023 | |
| City Horsham | State PA | | Zip Code (Plus 4) 19044 | | Description of Debt debt repayment | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|----------------------------------|
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | PAGE TOTAL \$ 8,270.00 |
|--|--|--|--|--|--|--|----------------------------------|