### **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	20603			Rep File			CAND	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist:	İ	FRIE	ND	S OF	COLLEE	N MCIN	ITYRE	OSBOI	RNE					
Street Address:	PO BOX 223	52															
City:	PHILADELPH	IIA						State:	PA			Zip Cod	le: 19	110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE-	. 2		30 DA		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	<b>√</b> N	0	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	Y PRE	- 5	j.	30 DA		POST-	6.		TERMINA REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 2023					NG METH CHECK C				PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	ought by Candid	ate:	-					DATE (	OF ELE	CTIC	N	District Number	Office Code	Par	ty Cod	Code	
JUDGE OF THE	MUNICIPAL COL	JRT						МО	DAY	YI	EAR	1	MCJ	DEN	1	51	
								1:		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		МО	DAY	YEAR		_	_	МО	DAY		EAR	FO	R OFFIC	E USE	ONLY		
-			5 2	20	023		0		5	5	2023						
	ught Forward Fro		-				\$				01.19) 350.00						
	ary Contributions		· `	Schee	auie	1)	\$			1,2,.	330.00						
	Available (Sum (						\$				51.19)						
-	ditures (From Sc						\$				218.14						
	Balance (Subtra						\$		(	(26,86	59.33)						
	Kind Contributio				e II)	)	\$			20.6	0.00						
G. Unpaid Debt	s And Obligation	s (From :	Scheaule 1v	)			\$			30,0	00.00						_
								CTION									
PART I - If this is  I swear (or affirm)  correct and comple	that this report, in		_								_		f my know	/ledge	and be	lief , tr	ue
-	cribed before me th	nis								5	Signature	of Perso	n Submitt	ing Rep	ort		-
	day of						-					Drine	ted Name				_
My Commission Ex	Signat	ture					_										_ [
Try commission Ex		D	AY	YR			_		— Aı	ea Coo	de	Emai Daytim	e Telepho	one Nu	mber		-
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	itte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	politi	ical	comm	ittee has	not viola	ated ar	ıy provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		s									Si	ignature o	f Candida	te			-
	day of ————————————————————————————————————		_ 20				-					Printe	d Name				-
	Signature	<u> </u>					-										_
My Commission Exp	ires											Ema	iI				
	мо	D	AY	YR			•		Area	Code		Da	ytime Te	lephor	e Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF COLLEEN MCINTYRE OSBORNE	5/2/202	<u>3</u> To:	6/5/2023	
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)			\$	850.00
TOTAL for the Reporting	g Period	(2)	\$	850.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	500.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting	g Period	(3)	\$	1,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	10,000.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	12,350.00

#### **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			
		F	rom:		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)

Nam	Name of Filing Committee or Candidate Repo				eporting Period					
FRIE	ENDS OF COLLEEN MCINTYRE O	SBORNE		Froi	m:	<u>5/2/</u>	2023 <b>T</b> o	):	6/5/2023	
						DATE		A	MOUNT	
Full Na	ame of Contributor Conroy				МО	DAY	YEAR			
Mailing	g Address 600 commodore S	t Unit 1618						\$	200.00	
City	Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4</b> 19146	)	5	6	2023			
	ame of Contributor n Youngblood				МО	DAY	YEAR			
Mailing	g Address 324 Spruce St							\$	100.00	
City	Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4</b> 19106	)	5	29	2023			
	ame of Contributor Bradley				МО	DAY	YEAR			
Mailing	g Address 326 Fitzwater St							\$	100.00	
City	Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4</b> 19147	)	5	29	2023			
<b>Full Na</b> JOhn H	ame of Contributor ⊣ill				МО	DAY	YEAR			
Mailing	g Address 1941 Bainbridge s	t						\$	100.00	
City	Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4</b> 19146	)	5	29	2023			
	ame of Contributor el O'Brien				МО	DAY	YEAR			
Mailing	g Address 222 Rittenshouse	Sq						\$	100.00	
City	Philadelphia	<b>State</b> PA	Zip Code (Plus 4 19103	)	5	29	2023			
	ame of Contributor rles Peruto				МО	DAY	YEAR			
Mailing	g Address 2016 Spruce St							\$	250.00	
City	Philadelphia	<b>State</b> PA	Zip Code (Plus 4 19103	)	5	29	2023			

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

**PAGE TOTAL \$** 850.00

#### **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	Reporting Pe	eriod		
FRIENDS OF COLLEEN MCINTYRE OSBORNE	From:	5/2/2023	То:	<u>6/5/2023</u>

DATE AMOUNT

Full Name of Contributing Committee					DAY	YEAR	
Team	Teamsters local 830				27(1	1 2711	<b>\$</b> 500.00
Mailin	Mailing Address 12298 Townsend Rd				29	2023	
City	Philadelphia	State	Zip Code (Plus 4)	,			
		PA	19154				

PAGE TOTAL

 $\label{lem:constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$ 

500.00

### 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	eporting Period					
FRIENDS OF COLLEEN MCINTYRE OSBO	FRIENDS OF COLLEEN MCINTYRE OSBORNE			Fron	n:	<u>5/2/2</u>	<u>023</u> <b>T</b> o	o:	: <u>6/5/2023</u>	
					D/	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	500.00	
James Cognetti						<b>5</b> 70.	1 Z/XIX	_	500.00	
Mailing Address 1026 Apple Orchard	Circle				5	29	2023	,		
City Nashville	State	Zi	Code (Plus	4)						
	TN	37	'221							
Employer Name Self					Occupat	ion	accoun	tant		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (	Code (Plus 4)	
1026 Apple Orchard Circle			Nashville			TN		372	21	
Full Name of Contributor										
james McFadden					МО	DAY	YEAR	\$	500.00	
Mailing Address 8429 Germantown A	Ave				5	29	2023	ָּק		
City Philadelphia	State	Zij	Code (Plus	(4)		23	2025	´		
	PA	19	118							
Employer Name Kurfiss Ralty					Occupat	ion	sales			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (	Code (Plus 4)	
8429 Germantown Ave			Philadelph	iia		PA		191	18	
			_	<b>.</b>	_				PAGE TOTAL	
Enter Grand Total of Part C on Sche	iule 1, Detailed Si	umn	nary Page,	Section	on 3.			\$	1,000.00	

## 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	Reporting Perio	od	
FRIENDS OF COLLEEN MCINTYRE OSBORNE	From:	<u>5/2/2023</u> <b>To:</b>	6/5/2023

			D	ATE		Al	MOUNT
Full Name			мо	DAY	YEAR	<b>.</b>	10 000 00
james mcIntyre			140	"	ILAK	\$	10,000.00
Mailing Address 15 Virginia Lane			5	16	2023		
City Horsham	State	Zip Code (Plus 4)		"	2023		
	PA	19044					
Receipt Description debt repayme	nt	·					

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

**PAGE TOTAL \$** 10,000.00

#### **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>5/2/2023</u> <b>To:</b>	6/5/2023
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, 1		\$	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			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 or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary 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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
FRIENDS OF COLLEEN MCINTYRE OSBORNE	From	5/2/2023	То:	6/5/2023

				DATE		AMOUNT		
To Whom Paid			МО	DAY	YEAR			
21st ward PAC								
Mailing Address 539 Gates St			5	6	2023	\$	500.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19128	Get out	the vote o	peration	s		
To Whom Paid			мо	DAY	YEAR			
Philly United			М		ILAK			
Mailing Address 3200 Magee Ave			5	2	2023	\$	1,000.00	
<b>City</b> Philadelphia	State Zip Code (Plus 4) Description of Expendit			enditure	•			
	PA	19149	kelection day operations					
To Whom Paid Cheltenham printing			МО	DAY	YEAR			
Mailing Address 518 Ryers A	ve		5	18	2023	\$	762.14	
City Cheltenham State Zip Code (Plus 4)			Descript	l tion of Exp	l enditure	<u> </u>		
	PA	19102	ballot b					
To Whom Paid	•	•						
james McIntyre			МО	DAY	YEAR			
Mailing Address 15 Virginia Lane		5	18	2023	\$	10,000.00		
City Horsham State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
	PA	19044	loan rep	ayment				
To Whom Paid				DAY	YEAR			
MRG Liquors			МО	DAT	TEAR			
Mailing Address 8600 Landis	ave		5	30	2023	\$	1,000.00	
City sea Isle city	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
,	ŊĴ	08243	fundrais	er at the E	Beechwoo	od		
To Whom Paid	<u> </u>		l uc	DAY	VEAD			
catering by Mario			МО	DAY	YEAR			
Mailing Address 14002 McNu	lty Rd		5	30	2023	\$	956.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
	PA	19154	electionwatch party					
					PAGE TOTAL			
Enter Grand Total of Expendi	tures on Page 1, Rep	port Cover Page, Item D	·.			\$	14,218.14	

## 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			Reporti	eporting Period					
FRIENDS OF COLLEEN MCINTYRE OSBORNE From:			From:		<u>5/2/2023</u> <b>To:</b>		6/5/2023		
•				DATE				Outstanding Balance of Debt	
Name of Creditor james mcintyre				мо	DAY	YEAR			
Mailing Address 15 Virginia Lane			11	29	2023	<b>\$</b>	17,500.00		
City Horsham	State	Zip Code (F	Plus 4)	4) Description of Debt					
	PA	19044	campaign loan						
Name of Creditor colleen McIntyre			МО	DAY	YEAR				
Mailing Address 10830 Ellicott Rd			11	29	2023	<b>\$</b>	12,500.00		
<b>City</b> Philadelphia	State	Zip Code (F	Plus 4)	4) Description of Debt			•		
	PA	19154	campaign loan						
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					\$	30,000.00			