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	IDATE COMMITTEE LOE					LOBI	BYIST		
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. X		AMENDM REPORT?		Yes	√ 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	\
report type)	ANNUAL REPOR	T 7.	Year 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)						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 12,350.00																	
C. Total Funds Available (Sum Of Lines A and B)						\$				51.19)							
D. Total Expenditures (From Schedule III)					\$				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	From:	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

	this Part to itemize onl with an aggregate valu	-			-				
Name of Filing Committee or Candidate			Reporting Period						
			Fro	om:		То	:		
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•				-		DAGE TOTAL	

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

0.00

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 Car	ndidate		Reporting P	eporting Period				
FRIENDS OF COLLEEN MCINTYF	RE OSBORNE		From:	<u>5/2/</u>	2023 T o	<u>6/5/2023</u>		
				DATE		AMOUNT		
Full Name of Contributor A Charles Peruto			мо	DAY	YEAR			
Mailing Address 2016 Spruce S	St					\$ 250.00		
City Philadelphia	State PA	Zip Code (Plus 4) 19103	5	29	2023			
Full Name of Contributor mIchael O'Brien			МО	DAY	YEAR			
Mailing Address 222 Rittensho City Philadelphia	State	Zip Code (Plus 4) 19103	5	29	2023	\$ 100.00		
Full Name of Contributor JOhn Hill			МО	DAY	YEAR			
Mailing Address 1941 Bainbrid	lge st					\$ 100.00		
City Philadelphia	State PA	Zip Code (Plus 4) 19146	5	29	2023			
Full Name of Contributor Maura Bradley			МО	DAY	YEAR			
Mailing Address 326 Fitzwater City Philadelphia	State PA	Zip Code (Plus 4) 19147	5	29	2023	\$ 100.00		
Full Name of Contributor William Youngblood			МО	DAY	YEAR			
Mailing Address 324 Spruce Si City Philadelphia	State	Zip Code (Plus 4)	5	29	2023	\$ 100.00		
	PA	19106						

Full Name of Contributor Jude Conroy			МО	DAY	YEAR	
Mailing Address 600 commodore St Unit 1618						\$ 200.00
City Philadelphia	State	Zip Code (Plus 4)	5	6	2023	
	PA	19146				

PAGE TOTAL \$ 850.00

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

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 Per			
FRIENDS OF COLLEEN MCINTYRE OSBORNE	From:	5/2/2023	То:	6/5/2023

DATE AMOUNT

Full Name of Contributing Committee Teamsters local 830			МО	DAY	YEAR	
Mailing Address 12298 Townsend Rd			_			\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19154	5	29	2023	

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

PAGE TOTAL \$ 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				Rep	orting Period					
FRIENDS OF COL	LEEN MCINTYRE OSB	ORNE		Froi	m:	<u>5/2/2</u>	<u>023</u> To	To: 6/5/2023		
					D	ATE		АМ	IOUNT	
Full Name of Cont james McFadden	ributor				мо	DAY	YEAR			
Mailing 8429 Germantown Ave						\$	500.00			
City Philadelph	iia	State PA	Zip Code (Pl u 19118	s 4)	5	29	2023			
Employer Name Kurfiss Ralty			Occupat	t ion S	ales	•				
Employer Mailing A Business	Address/Principal Plac	e of	City		ı	State		Zip Code	e (Plus 4)	
8429 Germantow	n Ave		Philadel	ohia		PA		19118		
Full Name of Cont James Cognetti	ributor				мо	DAY	YEAR			
Mailing 1026 Apple Orchard Circle										
	1026 Apple Orchard C	Circle						\$	500.00	
	1026 Apple Orchard C	Circle State TN	Zip Code (Plu 37221	s 4)	- 5	29	2023	\$	500.00	
Address City Nashville	1026 Apple Orchard C	State		s 4)	- 5 Occupat	tion	2023 ccounta		500.00	
Address City Nashville Employer Name		State TN		s 4)		tion		nt	500.00	
City Nashville Employer Name Employer Mailing	self Address/Principal Plac	State TN	37221			t ion a		nt		

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 Period					
FRIENDS OF COLLEEN MCINTYRE OSBORNE	From:	<u>5/2/2023</u> To:	6/5/2023			

			D	ATE		AMOUNT
Full Name james mcIntyre			МО	DAY	YEAR	
Mailing Address 15 Virgini City Horsham	State PA	Zip Code (Plus 4) 19044	5	16	2023	\$ 10,000.00
Receipt Description debt	repayment		•	•		

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

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> To:	6/5/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					From:		То	:		
						DATE				AMOUNT
Full Name of Contributor					мо	DAY	YEAR	1		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Plu	s Desc	cript	tion o	f Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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

				DATE			AMOUNT	
To Whom Paid 21st ward PAC			мо	DAY	YEAR			
Mailing Address 539 Gates S	St		5	6	2023	\$	500.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19128		otion of Exp				
To Whom Paid Philly United			МО	DAY	YEAR			
Mailing Address 3200 Magee	e Ave		5	2	2023	\$	1,000.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19149	1	otion of Exp on day ope				
To Whom Paid Cheltenham printing			МО	DAY	YEAR			
Mailing Address 518 Ryers A	ve		5	18	2023	\$	762.14	
City Cheltenham	State PA	Zip Code (Plus 4) 19102	Descrip ballot b	otion of Exp oullets	penditure			
To Whom Paid james McIntyre			МО	DAY	YEAR			
Mailing Address 15 Virginia l	_ane		5	18	2023	\$	10,000.00	
City Horsham State Zip Code (Plus 4) PA 19044				Description of Expenditure loan repayment				
To Whom Paid MRG Liquors			МО	DAY	YEAR			
Mailing Address 8600 Landis	ave		5	30	2023	\$	1,000.00	
City sea Isle city	State NJ	Zip Code (Plus 4) 08243	1	otion of Exp ser at the				

To Whom Paid catering by Mario Mailing Address 14002 McNulty Rd				DAY	YEAR	
				30	2023	\$ 956.00
City Philadelphia	State PA	Zip Code (Plus 4) 19154		ition of Exp nwatch par		
nter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D.				\$ 14,218.14
inter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D				\$
inter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D				\$
inter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D				\$

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				Reportii	ng Period					
FRIENDS OF COLLE	EN MCINTYRE OSBO	RNE		From:		<u>5/2/2023</u>	To:		<u>6/5/</u>	<u> 2023</u>
						DATE			Outsta Baland	anding ce of Debt
Name of Creditor james mcintyre					МО	DAY	YEAR			
Mailing Address	15 Virginia Lane				11	29	2023	\$	\$	17,500.00
City Horsham		State PA	Zip Code (Pl 19044	us 4)	I -	otion of Del gn loan	ot			
						DATE			Outsta Baland	anding ce of Debt
Name of Creditor colleen McIntyre					МО	DATE	YEAR			
	10830 Ellicott Rd				MO 11		YEAR 2023	÷ 4	Baland	
colleen McIntyre		State PA	Zip Code (Pl 19154	us 4)	11 Descrip	DAY	2023	; \$	Baland	ce of Debt
colleen McIntyre Mailing Address City Philadelphia		PA	19154		11 Descrip campai	DAY 29 otion of Del	2023	4	Baland	ce of Debt