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	94000	92				port ed B		CAI	NDII	DATE		COMN	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, C	Candida	te or Lo	bbyist:		BOS	SCOL	A, LI	SA FF	RIEN	DS OF	-							
Street Address:	1546 BA	ARNER	COURT																
City:	BETHLE	HEM							State	:	PA			Zip Cod	le: 18	015-0	000		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRI PRIMAR	DAY PR Y	E-	2.	30 DA PRIMA		Р	OST-	3.		AMENDMENT REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRI ELECTIO		E-	5.		30 DAY P ELECTION			6.		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL RE	PORT	7. X	Year 20	12				IG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by Ca	ndidate	e:			•			DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Code	
SENATOR IN TH	HE GENEDAI	۸SSEI	MRIV						МО		DAY	Y	EAR	18	STS	DEN	1	48	
SENATOR IN TI	IL GLIVEIVAL	LASSE	MDET							11		6	2012		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		nd	МО	DAY	YEA		ļ _	_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
			1	.1	27	2012	Т	-		12	3	31	2012						
A. Amount Bro				•				\$				169,	468.80						
B. Total Moneta	ary Contribu	tions A	nd Rec	eipts (Fr	om Sch	edule	e I)	\$					11.69						
C. Total Funds	Available (S	um Of I	Lines A	and B)				\$				169,	480.49						
D. Total Expenditures (From Schedule III)								\$				3,	630.34						
E. Ending Cash	Balance (Su	ıbtract	Line D	From Lir	ne C)			\$			1	165,8	350.15						
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fron	1 Sched	ule II	I)	\$					0.00						
G. Unpaid Debt	s And Obliga	ations (From S	chedule	IV)			\$					0.00		,				
					AF	FIDA	AVI	T SE	CTIC	N									
PART I - If this is		-	-										_						
I swear (or affirm) correct and comple		ort, inclu	ding the	attached	schedul	es file	d on	paper	or by e	lectr	onic me	ediun	ı, are to t	he best o	f my knov	/ledge	and bel	ief , tr	ue
Sworn to and subs	cribed before day of	me this		20								:	Signature	of Perso	n Submitt	ing Rep	ort		_
	- — <u>— </u>	Signature	e	_				-						Prin	ted Name				_
My Commission Ex	pires							_		•				Emai	il				
	мо		DA	ΛY	YI	2					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	authoriz	ed Com	mitte	ee, C	andid	ate sł	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge and l	belief th	s poli	tical	comm	ittee h	as no	ot violat	ted aı	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before n day of	ne this		20									Si	ignature o	of Candida	te			_
				- <u>—</u>				_						Printe	d Name				-
	Sign	nature						-											_
My Commission Exp	ires													Emai	II.				
	-	МО	D#	ΛΥ	Y	R		•			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		
BOSCOLA, LISA FRIENDS OF	From:	11/27/201	<u>2</u> To:	12/31/2012
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)	\$	11.69
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			\$	11.69

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
	From: To:					:		
		-			DATE			AMOUNT
Full Name of Contributin	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	•	•		•	•		

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

PAGE TOTAL\$ 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 Candidat	e		Reporting Period					
			Fro	m:		0:		
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	Reporting Pe	eriod	
BOSCOLA, LISA FRIENDS OF	From:	11/27/2012 To :	12/31/2012

			D	ATE		AMOUNT	
Full Name knbt National Penn Bank			МО	DAY	YEAR		
Mailing Address 40E Broad Street		10	20	2012	\$	11.69	
City Bethlehem	State PA	Zip Code (Plus 4) 18018	12	30	2012		
Receipt Description interest e	arned						

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

PAGE TOTAL \$11.69

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 Peri	od	
BOSCOLA, LISA FRIENDS OF	From:	<u>11/27/2012</u> To:	12/31/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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

lailing Address				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
BOSCOLA, LISA FRIENDS OF	=		From	11/2	7/2012	То:	12/31/2012
				DATE			AMOUNT
To Whom Paid latino leadershipalliance			МО	DAY	YEAR		
Mailing Address po box 16	9		11	27	2012	\$	80.00
City allentown PA Zip Code (Plus 4) 18101			Descrip dinner	otion of Exp	penditure		
To Whom Paid friends of bob donchez			МО	DAY	YEAR		
Mailing Address 377 devor	nshire road		11	27	2012	\$	1,000.00
City Allentown	State PA	Zip Code (Plus 4) 18104	Descrip contrib	otion of Exp ution	penditure		
To Whom Paid postmaster general			мо	DAY	YEAR		
Mailing Address broad and	l woods streets		11	27	2012	\$	58.00
City Bethlehem	State PA	Zip Code (Plus 4) 18018	Descrip postage	otion of Exp	penditure		
To Whom Paid pam Panto			МО	DAY	YEAR		
Mailing Address 158 Charles Street			12	4	2012	\$	300.00
City Faston State Zip Code (Plus 4)			Descrir	tion of Ex	l nenditure	<u> </u>	

130 Charles Street						*	300.00	
City Easton	State PA	Zip Code (Plus 4) 18042	Description of Expenditure senate gifts					
To Whom Paid LVCNFF			мо	DAY	YEAR			
Mailing Address 106 Lincoln Ave			12	4	2012	\$	50.00	
City Northampton	State PA	Zip Code (Plus 4) 18067	Description of Expenditure political ad					

To Whom Paid postmaster general			мо	DAY	YEAR			
Mailing Address broad and woods streets			12	13	2012	\$	270.00	
City Bethlehem	State PA	Zip Code (Plus 4) 18018	Description of Expenditure postage					
To Whom Paid All American Printing			МО	DAY	YEAR			
Mailing Address 201 Northampton Street			12	13	2012	\$	1,472.34	
City Easton	State PA	Zip Code (Plus 4) 18042	Description of Expenditure holiday cards					
To Whom Paid Lisa Boscola			МО	DAY	YEAR			
Mailing Address 385 Palmetti Drive			12	12	2012	\$	400.00	
City Easton	State PA	Zip Code (Plus 4) 18045	Description of Expenditure reimbursement for supplies					
Enter Grand Total of Expenditures	on Page 1. Re	eport Cover Page. Item D.					PAGE TOTAL	
	on ruge 1, K	cpo.t dove. I age, Item D.	•			\$	3,630.34	