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 9400	092			Repo Filed		CA	MDI	NDIDATE COMMITTEE COBSTIST							
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	FRIEN	DS OF	LISA	BOS	SCOLA		•					
Street Address:	PO BOX 1294															
City:	BETHLEHEM						Stat	e:	PA			Zip Co	de: 18	3016		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	- 2.	30 DA		F	POST- 3.		AMENDMENT REPORT?		Yes	No	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5.)		AY TION	F	POST- 6.			TERMINATION REPORT?		Yes	No	/
report type)	ANNUAL REPORT	7.	Year 2013				NG MI					PAPER		$ \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	DISKE	TTE
Name of Office S	ought by Candida	te:	•		-		DAT	ΓΕ Ο	F ELE	СТІС	N	District Number	Office Code	Pa	rty Code	County Code
							МО		DAY	YI	AR		·	·		
								11		5	2013		(SEE IN	ISTRUCT	IONS FOR	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	ΥI	EAR	FC	R OFFI	CE USE	ONLY	
			9 17	20	013	то		10	2	21	2013					
	ught Forward Fron					\$				213,8	364.35					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I	\$	5				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			213,8	364.35					
D. Total Expend	ditures (From Sch	edule II	I)			\$	5			2,7	727.92					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		2	211,1	36.43					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	#	5				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)		\$	5				0.00					
				AFF	IDAV	IT SE	CTI	ON								
I swear (or affirm)	a Committee rep	-	_								_		f my kno	wledge	and beli	ef , true
correct and comple	ete. cribed before me this										_					
	day of		_ 20			_				S	Signature	of Perso	n Submit	ting Re	port	
	Signatu	re				_						Prin	ted Nam	e		
My Commission Ex	·					_						Ema				
	МО		AY	YR	•					ea Coo	le	Daytin	ie Telepl	none Nu	ımber	
	a report of a cand										v provis	ions of th	e act of 1	une 3 1	037 (D I	1222
No 320) as amende	ed.	ily Kilowi	euge and bei	iei tilis	politica	ii coiiiii	iittee i	iias ii	ot viola	teu aii	iy provis	ions or th	e act of 3	une 3,1	1937 (F.L	. 1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature	of Candid	ate		
·						_						Printe	d Name			
My Commission Exp	Signature ires					_						Ema	il			
	мо	D	AY	YR		_			Area	Code		D	aytime T	elepho	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF LISA BOSCOLA	From:	9/17/201	<u>3</u> To:	10/21/2013
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
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			\$	0.00

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			
			Fre	om:		То	:	
		-			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 Filling Committee of Candidate				Reporting Period					
			Fro	m:		To):		
					DATE		АМ	OUNT	
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	ame of Filing Committee or Candidate			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	ame of Filing Committee or Candidate				riod				
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 4)									
Employer Name				Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	iod	
FRIENDS OF LISA BOSCOLA	From:	<u>9/17/2013</u> To:	10/21/2013
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate						
			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 Candidate	Name of Filing Committee or Candidate					porting l	Period				
					From:				То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									- \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	Reporti						
	From			То:			
		•		DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Forting Council Total of Forman distance					PAGE TOTAL		
Enter Grand Total of Expenditure	s on Page 1, Ro	eport Cover Page, Item D	·-			\$	0.00