

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 :		9400092		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: BOSCOLA, LISA FRIENDS OF												
Street Address: 1546 BARNER COURT												
City: BETHLEHEM						State: PA			Zip Code: 18015			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2000	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
SENATOR IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	STS	DEM	48	
						11	7	2000	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	1		3	20	2000				
A. Amount Brought Forward From Last Report						\$ 31,924.08						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 32,424.08						
D. Total Expenditures (From Schedule III)						\$ 1,172.28						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 31,251.80						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 939.90						

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
BOSCOLA, LISA FRIENDS OF	From: To: <u>3/20/2000</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)	\$ 500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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.)	\$ 500.00
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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)					

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	Reporting Period
BOSCOLA, LISA FRIENDS OF	From: To: <u>3/20/2000</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
PENNA RADIOLOGY PAC									
Mailing Address					1	24	2000		
PO BOX 175									
City	LANDISVILLE	State	PA	Zip Code (Plus 4)	17538				

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

PAGE TOTAL
\$ 500.00

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	Reporting Period From: To:
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			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

PAGE TOTAL	
\$	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 Period	
BOSCOLA, LISA FRIENDS OF		From:	To: <u>3/20/2000</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	
Mailing Address							\$ 0.00
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
BOSCOLA, LISA FRIENDS OF	From To: <u>3/20/2000</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
CONTINENTAL PRESS INC				
Mailing Address 520 E BAINBRIDGE ST	1	20	2000	\$ 288.00
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure COSTS FOR ADDL CALENDARS	
To Whom Paid	MO	DAY	YEAR	
N C DEMOCRATIC COMMITTEE				
Mailing Address 40 SCHOENECK AVE	1	24	2000	\$ 35.00
City NAZARETH	State PA	Zip Code (Plus 4) 18064	Description of Expenditure DINNER TICKETS	
To Whom Paid	MO	DAY	YEAR	
AMERICAN CANCER SOCIETY				
Mailing Address 2121 CITY LINE RD	1	24	2000	\$ 100.00
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Expenditure POLITICAL AD	
To Whom Paid	MO	DAY	YEAR	
BETHLEHEM CHAMBER OF COMMERCE				
Mailing Address 509 MAIN ST	1	31	2000	\$ 12.00
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	Description of Expenditure LUNCH TICKETS	
To Whom Paid	MO	DAY	YEAR	
MONROE CTY HONORARY SOCIETY				
Mailing Address PO BOX 523	1	31	2000	\$ 100.00
City KRESGEVILLE	State PA	Zip Code (Plus 4) 18333	Description of Expenditure DUES	

To Whom Paid UNITE			MO	DAY	YEAR	\$ 50.00
Mailing Address C/O NORMA STROUSE 1950 S HALL ST			2	1	2000	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103	Description of Expenditure DINNER TICKETS			

To Whom Paid ST ANTHONYS YOUTH CENTER			MO	DAY	YEAR	\$ 25.00
Mailing Address 901 WASHINGTON ST			2	4	2000	
City EISTON I	State PA	Zip Code (Plus 4) 18042	Description of Expenditure POLITICAL AD			

To Whom Paid CONTINENTAL PRESS INC			MO	DAY	YEAR	\$ 17.28
Mailing Address 520 E BAINBRIDGE ST			2	7	2000	
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure ADDL SENATE CALENDARS BALANCE DUE			

To Whom Paid CM CRAIG COMMUNITY MAPS			MO	DAY	YEAR	\$ 195.00
Mailing Address 8 MACBRIDE DRIVE			2	11	2000	
City SPRING CITY	State PA	Zip Code (Plus 4) 19475	Description of Expenditure PD			

To Whom Paid COMMITTEE TO ELECT JOHN MORGANELLI			MO	DAY	YEAR	\$ 100.00
Mailing Address 935 BARNSDALE DR			2	28	2000	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Expenditure CONTRIBUTION			

To Whom Paid A O H DANIEL RICE FUND			MO	DAY	YEAR	\$ 50.00
Mailing Address VAN BILTNER HALL 538 LEHIGH ST			3	7	2000	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	Description of Expenditure DINNER TICKETS			

To Whom Paid COMMITTEE TO ELECT ED OBRIEN			MO	DAY	YEAR	
Mailing Address CHAPEL AVE			2	9	2000	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103	Description of Expenditure CONTRIBUTION			

To Whom Paid POSTMASTER GENERAL			MO	DAY	YEAR	
Mailing Address WOOD STREET			3	10	2000	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	Description of Expenditure POSTAGE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,172.28

STATEMENT OF UNPAID DEBTS

Name of Filing Committee or Candidate				Reporting Period			
BOSCOLA, LISA FRIENDS OF				From:		To: 3/20/2000	
DATE							Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	
JACK PHELPS							
Mailing Address 1547 BONNIE DRIVE				3	10	2000	\$ 35.00
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Debt POSTAGE COSTS				
DATE							Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	
J ALAN FOWLER							
Mailing Address 409 E BRIDLEPATH RD 9				3	10	2000	\$ 200.00
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Debt GRAPHIC DESIGN COSTS				
DATE							Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	
GENERAL PRINTING							
Mailing Address 2015 FREEMANSBURG AVE				3	10	2000	\$ 704.90
City EASTON	State PA	Zip Code (Plus 4) 18042	Description of Debt PRINTING COSTS				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 939.90