Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	tion	94000)92			Repor Filed	-	CAND	IDATE		СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing	Committee, Ca	andida	te or L	obbyist:			-	ISA FRIE	NDS (DF							
Street Address	:																
City:	BETHLEH	IEM						State:	PA			Zip Co	Zip Code: 18016-1294				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 E PRIM	DAY MARY	POST-	3.		AMENDMENT REPORT?		Yes	V I	10	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDA ELECTION	Y PRE	5.	30 E	DAY CTION	POST-	6.		TERMIN REPORT		Yes	1	No	\checkmark
report type)	ANNUAL REF	PORT	7. X	Year 2019				ING METH) CHECK (PAPER		\checkmark	DIS	ETTE	
Name of Office	Sought by Car	ndidate	e:					DATE	OF EL	ECTI	ON	District Number	Office	Pa	ty Cod	le Cou Cod	
								мо	DAY	۲	/EAR			DEI	ч	48	-
								1	1	5	2019		(SEE INS	STRUCTI	ONS FO	R CODE	S)
Summary of Receipts and MO DAY YEAR						2		мо	DAY	י	(EAR	FC	OR OFFIC	E USE	ONL	Y	
Expenditure	s from:			11 26	2	019 1	Ю	1	2	31	2019						
A. Amount Bro	ought Forward	l From	Last R	eport			:	\$		347	,111.62						
B. Total Mone	tary Contribut	ions A	nd Rec	eipts (Fron	n Sche	dule I)	:	\$	6,950.00								
C. Total Funds Available (Sum Of Lines A and B)						:	\$		354	,061.62							
D. Total Exper	nditures (Fron	1 Sche	dule II	I)				\$		24,	112.05						
E. Ending Cas	h Balance (Sul	btract	Line D	From Line	C)			\$		329,	949.57						
F. Value Of In	-Kind Contribu	utions	Receiv	ed (From S	chedu	le II)		\$			0.00	4					
G. Unpaid Deb	ots And Obliga	tions ((From S	Schedule I\	/)			\$			0.00						
					AFF	IDAV	IT S	ECTION									
PART I - If this		-		-							-	-					
I swear (or affirn correct and comp		rt, inclu	iding the	e attached so	hedule	s filed on	pape	r or by elec	tronic	nediui	n, are to i	the best o	of my knov	vledge	and be	elief , t	rue
Sworn to and sub	oscribed before n day of	ne this		20							Signature	e of Perso	n Submitt	ing Re	port		
	Si	gnatur	e				_					Prir	ited Name				_
My Commission I	Expires						_					Ema	il				
	МО		D	AY	YR				4	rea Co	ode	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	s a report of a	a candi	idate's	authorized	Comn	nittee, (Candi	date shal	l sign	here.							
I swear (or affirm No 320) as amend		st of m	y knowle	edge and bel	ief this	political	com	mittee has	not vio	lated a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	33,
Sworn to and subs	cribed before m day of	e this		20							S	ignature	of Candida	ite			-
·							_					Printe	ed Name				—
	Signa	ature					_					Ema	, il				
My Commission Ex	pires											c ma					
	м	0	D	AY	YR	1	-		Are	a Code		D	aytime Te	elephor	ne Nun	ıber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
BOSCOLA, LISA FRIENDS OF	From:	<u>11/26/201</u>	<u>9</u> To:	<u>12/31/2019</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)	\$	800.00							
TOTAL for the Reporting	\$	800.00							
3. Contributions Received Over \$250.00 (From Part C and Part D)									
Contributions Received From Political Committees (Part C)			\$	5,150.00					
All Other Contributions (Part D)			\$	1,000.00					
TOTAL for the Reporting	Period	(3)	\$	6,150.00					
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	6,950.00					

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 Candidat	e		Rep	orting I	Period			
			From: To:					
					DATE		AMOUNT	
Full Name of Contributing Committee MO DAY						YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
]								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

PART B 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 Candid	ate		Rep	orting Po	eriod				
BOSCOLA, LISA FRIENDS OF			Fror						
DATE AMOUNT									
Full Name of Contributor Jaclyn Susino				мо	DAY	YEAR			
Mailing Address			- 1				\$	100.00	
City Old Tappan	State NJ	Zip Code (Plus 4) 12 23 2019 07675							
Full Name of Contributor Fidel Larosa					DAY	YEAR			
Mailing Address							\$	100.00	
City Hialeah	State FL	Zip Code (Plus 4 33018	•)	12	23	2019			
Full Name of Contributor Mark Janiszewski				мо	DAY	YEAR			
Mailing Address		1					\$	100.00	
City Skillman	State NJ	Zip Code (Plus 4 08558	•)	12	23	2019			
Full Name of Contributor				мо	DAY	YEAR			
Michael Ehrhart									
Mailing Address	-	1					\$	100.00	
City Tampa	State FL	Zip Code (Plus 4 33629	•)	12	23	2019			
Full Name of Contributor				мо	DAY	YEAR			
Tommy Mallard					DAT	- Louix			
Mailing Address							\$	150.00	
City Red Bank	State NJ	Zip Code (Plus 4 07701	•)	12	23	2019			
Full Name of Contributor				мо	DAY	YEAR			
Ralph Tango, Jr.					2				
Mailing Address City Randolph State Zip Code (Plus 4)							\$	250.00	
City Randolph	Zip Code (Plus 4 07869	•)	12	23	2019				
								PAGE TOTAL	

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

800.00

\$

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	g Period			
BOSC	OLA, LISA FRIENDS OF			From:	<u>11/2</u>	26/2019	То:	<u>12/31/2019</u>
					DA	TE		AMOUNT
Full N	ame of Contributing Committee				мо	DAY	YEAR	
Wind	stream Political Action Committee							\$ 350.00
Mailir	ıg Address		-		12	23	2019	
City	Little Rock	State AR	Zip Cod 72212	e (Plus 4)				
	ame of Contributing Committee	_ PAC)			мо	DAY	YEAR	\$ 800.00
Mailir	ig Address				12	23	2019	. +
City	BRYN MAWR	State PA	Zip Code 19010-	e (Plus 4) 3489		25	2019	
Full Name of Contributing Committee INDEPENDENCE BLUE CROSS PAC (IBC PAC)				мо	DAY	YEAR	\$ 250.00	
Mailing Address				10	22	2010	· • 250.00	
City	PHILADELPHIA	State PA	Zip Cod 191031	e (Plus 4) 480	12	23	2019	
	ame of Contributing Committee PENDENCE BLUE CROSS PAC (IBC	PAC)	1		мо	DAY	YEAR	\$ 250.00
Mailir	ng Address				12	22	2010	.₽ 230.00
City	PHILADELPHIA	State PA	Zip Code 191031	e (Plus 4) 480	12	23	2019	
Full N PAW-	ame of Contributing Committee PAC				мо	DAY	YEAR	\$ 500.00
Mailir	ng Address				12	23	2019	
City	Hershey	State PA	Zip Code 17033	e (Plus 4)				
Full N	ame of Contributing Committee				мо	DAY	YEAR	
EXEL	ON CORP PAC				110		TLAR	\$ 1,500.00
Mailir	ng Address				12	23	2019	_,
City	WASHINGTON	State DC	Zip Cod 20001	e (Plus 4)				

Full Name of Contributing Comm	II Name of Contributing Committee				YEAR		
INTERNATIONAL UNION OF OPERATING ENGINEERS			мо	DAY		\$	1,500.00
Mailing Address			12	23	2019		,
City Fort Washinton	State	Zip Code (Plus 4)		25	2015		
PA 19034							
					ſ		PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							5,150.00

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					
BOSCOLA, LISA FRIENDS OF			Fron	n:	<u>11/26/2019</u> T		D:	<u>12/31/2019</u>	
				DA	ATE			AMOUNT	
Full Name of Contributor						YEAR	\$	1,000.00	
Daniel Hood								2,000.00	
Mailing Address				12	23	2019			
City Bethlehem	State	Zip Code (Plus	s 4)	12	25	2015	`		
	PA	18020							
Employer Name Self				Occupation Self-Employed					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	ode (Plus 4)	
		Bethleher	n		PA		1802	20	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	PAGE TOTAL 1,000.00	
								1,000.00	

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 Candidat	e		Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	•				•		•		
		_	o .:					PAGE TO	TAL
Enter Grand Total of Part E on Sche	aule 1, Detailed Sum	imary Page,	Section	4.			\$		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:	<u>11/26/2019</u> то:	<u>12/31/2019</u>				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR						
TOTAL for the Reporting Pe	riod (1)	\$	0.00				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)						
TOTAL for the Reporting Pe	riod (2)	\$	0.00				
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)							
TOTAL for the Reporting Pe	riod (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 Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	ie,		PAGE TOTA	L
						\$		0.00

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Re	porting l	Period		
			Fro	om:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4))				
Employer of Contributor				Occupa	ation		•
Employer Mailing Address/Principal Place of Business City			Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate			ng Period					
BOSCOLA, LISA FRIENDS OF			From	<u>11/2</u>	<u>5/2019</u>	То:	<u>12/31/2019</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
George's Pizza									
Mailing Address			12	11	2019	\$	207.00		
City Easton	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	18042	Staff Di	nner					
To Whom Paid			мо	DAY	YEAR				
Meghan Lago									
Mailing Address			12	10	2019	\$	54.04		
City Easton	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
PA 18042			Flower	Reimburse	ment				
To Whom Paid			мо	DAY	YEAR				
Northampton Country Club									
Mailing Address			12	31	2019	\$	18,767.00		
City Easton State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	•			
	PA	18045	Golf Ou	ting					
To Whom Paid			мо	DAY	YEAR				
CVS									
Mailing Address			12	9	2019	\$	49.01		
City Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	18018	Outing Pictures						
To Whom Paid			мо	DAY	YEAR				
Friends of Larry Farnase									
Mailing Address			12	31	2019	\$	5,000.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	19110	Donatio	n					
To Whom Paid			мо	DAY	YEAR				
BB&T									
Mailing Address			12	27	2019	\$	35.00		
City BEthlehem State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	•			
PA 18015		Bank fees							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D		- -				PAGE TOTAL			
Enter Grand Fotal of Expenditures	on Fage 1, Report	cover Paye, Item I	<i>.</i>			\$	24,112.05		