

# Campaign Finance Report

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

|  |                          |                          |                         |                                    |                         |  |  |                              |                    |                            |                                     |
|--|--------------------------|--------------------------|-------------------------|------------------------------------|-------------------------|--|--|------------------------------|--------------------|----------------------------|-------------------------------------|
| <b>Filer Identification Number :</b> 9400092                                     |                          | <b>Report Filed By :</b> |                         | <b>CANDIDATE</b>                   |                         | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |  | <b>LOBBYIST</b>              |                    |                            |                                     |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> BOSCOLA, LISA FRIENDS OF |                          |                          |                         |                                    |                         |  |  |                              |                    |                            |                                     |
| <b>Street Address:</b> 1546 BARNER COURT   |                          |                          |                         |                                    |                         |  |  |                              |                    |                            |                                     |
| <b>City:</b> BETHLEHEM   |                          |                          |                         | <b>State:</b> PA                   |                         | <b>Zip Code:</b> 18015                               |  |                              |                    |                            |                                     |
| <b>TYPE OF REPORT</b><br><br>(place X to the right of report type)               | 6TH TUESDAY PRE-PRIMARY  | 1.                       | 2ND FRIDAY PRE-PRIMARY  | 2.                                 | 30 DAY PRIMARY          | POST-  | 3. X   | AMENDMENT REPORT?            | Yes                | No                         | <input checked="" type="checkbox"/> |
|  | 6TH TUESDAY PRE-ELECTION | 4.                       | 2ND FRIDAY PRE-ELECTION | 5.                                 | 30 DAY ELECTION         | POST-  | 6.   | TERMINATION REPORT?          | Yes                | No                         | <input checked="" type="checkbox"/> |
|  | ANNUAL REPORT            | 7.                       | Year 2000               | <b>FILING METHOD ( ) CHECK ONE</b> |                         |  | <b>PAPER</b> <input checked="" type="checkbox"/> |                              | <b>DISKETTE</b>    |                            |                                     |
| <b>Name of Office Sought by Candidate:</b>                                       |                          |                          |                         |                                    | <b>DATE OF ELECTION</b> |  |  | <b>District Number</b>       | <b>Office Code</b> | <b>Party Code</b>          | <b>County Code</b>                  |
| SENATOR IN THE GENERAL ASSEMBLY  |                          |                          |                         |                                    | <b>MO</b>               | <b>DAY</b>   | <b>YEAR</b>                                      | STS                          | DEM                | 48                         |                                     |
|  |                          |                          |                         |                                    | 11                      | 7  | 2000   | (SEE INSTRUCTIONS FOR CODES) |                    |                            |                                     |
| <b>Summary of Receipts and Expenditures from:</b>                                |                          | <b>MO</b>                | <b>DAY</b>              | <b>YEAR</b>                        | <b>TO</b>               |  | <b>MO</b>  | <b>DAY</b>                   | <b>YEAR</b>        | <b>FOR OFFICE USE ONLY</b> |                                     |
|  |                          | 1                        | 1                       | 1                                  |                         |  | 4  | 24                           | 2000               |                            |                                     |
| <b>A. Amount Brought Forward From Last Report</b>                                |                          |                          |                         |                                    | \$                      |  | 31,251.80  |                              |                    |                            |                                     |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>            |                          |                          |                         |                                    | \$                      |  | 2,075.00   |                              |                    |                            |                                     |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                           |                          |                          |                         |                                    | \$                      |  | 33,326.80  |                              |                    |                            |                                     |
| <b>D. Total Expenditures (From Schedule III)</b>                                 |                          |                          |                         |                                    | \$                      |  | 6,437.20   |                              |                    |                            |                                     |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                      |                          |                          |                         |                                    | \$                      |  | 26,889.60  |                              |                    |                            |                                     |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>             |                          |                          |                         |                                    | \$                      |  | 400.00   |                              |                    |                            |                                     |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                        |                          |                          |                         |                                    | \$                      |  | 0.00   |                              |                    |                            |                                     |

## 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

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                  |
| BOSCOLA, LISA FRIENDS OF                     | <b>From:</b> <b>To:</b> <u>4/24/2000</u> |

|  |             |
|--|-------------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |             |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 1,700.00 |

|  |           |
|--|-----------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |           |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 100.00 |
| <b>All Other Contributions (Part B)</b>  | \$ 275.00 |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 375.00 |

|   |         |
|---|---------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |         |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 0.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 0.00 |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 0.00 |

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

|   |             |
|---|-------------|
| <b>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.)</b> | \$ 2,075.00 |
|---|-------------|

**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.**

|  |                    |                                   |  |   |            |               |                                |
|--|--------------------|-----------------------------------|--|---|------------|---------------|--------------------------------|
| <b>Name of Filing Committee or Candidate</b><br><br>BOSCOLA, LISA FRIENDS OF |                    |                                   |  | <b>Reporting Period</b><br><br><b>From:</b> <b>To:</b> <u>4/24/2000</u> |            |               |                                |
| <b>DATE</b>  |                    |                                   |  |   |            | <b>AMOUNT</b> |                                |
| <b>Full Name of Contributing Committee</b><br>PENNSYLVANIA PACE              |                    |                                   |  | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b>   | \$                      100.00 |
| <b>Mailing Address</b> BOX 1724 400 N 3RD ST                                 |                    |                                   |  | 4   | 6          | 2000          |                                |
| <b>City</b> HARRISBURG   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17105 |  |   |            |               |                                |

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

|                                |
|--------------------------------|
| <b>PAGE TOTAL</b>              |
| \$                      100.00 |

## 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)**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b><br>BOSCOLA, LISA FRIENDS OF | <b>Reporting Period</b><br><b>From:</b> <b>To:</b> <u>4/24/2000</u> |
|--|---|

| DATE | AMOUNT |
|------|--------|
|------|--------|

|  |                    |                                   |           |            |             |          |
|--|--------------------|-----------------------------------|-----------|------------|-------------|----------|
| <b>Full Name of Contributor</b><br>J ALAN FOWLER |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 75.00 |
| <b>Mailing Address</b> 400 BRIDLE PATH RD E9     |                    |                                   | 4         | 6          | 2000        |          |
| <b>City</b> BETHLEHEM                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18017 |           |            |             |          |

|  |                    |                                   |           |            |             |           |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>REGINO CORA |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 903 WYANDOTTE STREET    |                    |                                   | 4         | 4          | 2000        |           |
| <b>City</b> BETHLEHEM                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18015 |           |            |             |           |

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>J D PHELPS |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 1547 BONNIE DRIVE      |                    |                                   | 4         | 6          | 2000        |           |
| <b>City</b> BETHLEHEM                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18017 |           |            |             |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 275.00         |

**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                             |
|                                       | From: <span style="float: right;">To:</span> |

| DATE                                |       |                   |  | AMOUNT |
|-------------------------------------|-------|-------------------|--|--------|
| Full Name of Contributing Committee |       |                   |  |        |
|                                     |       |                   |  |        |
| Mailing Address                     |       |                   |  |        |
|                                     |       |                   |  |        |
| City                                | State | Zip Code (Plus 4) |  |        |
|                                     |       |                   |  |        |

|  |                                  |
|--|----------------------------------|
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | <b>PAGE TOTAL</b><br><br>\$ 0.00 |
|--|----------------------------------|

**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: <span style="float: right;">To:</span> |

|  |       |                   | DATE              | AMOUNT  |
|--|-------|-------------------|-------------------|---------|
| Full Name of Contributor                             |       |                   | MO                | DAY     |
| Mailing Address                                      |       |                   | YEAR              | \$ 0.00 |
| 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|                     |       |                   | 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|  |  |                         |                             |
|--|--|-------------------------|-----------------------------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b> |                             |
| BOSCOLA, LISA FRIENDS OF   |  | <b>From:</b>            | <b>To:</b> <u>4/24/2000</u> |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |                         |                             |
| TOTAL for the Reporting Period   |  | (1)                     | \$ 35.00                    |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |                         |                             |
| TOTAL for the Reporting Period   |  | (2)                     | \$ 400.00                   |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |                         |                             |
| 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.) |  |                         | \$ 435.00                   |



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>BOSCOLA, LISA FRIENDS OF | <b>Reporting Period</b><br><br><b>From:</b> <span style="float: right;"><b>To:</b> <u>4/24/2000</u></span> |
|--|--|

|  |              |                          |  | DATE |     |      | AMOUNT                                    |
|--|--------------|--------------------------|--|------|-----|------|---|
| <b>Full Name of Contributor</b>  |              |                          |  | MO   | DAY | YEAR | \$ 200.00                                 |
| RAY ODIS   |              |                          |  |      |     |      |   |
| <b>Mailing Address</b> 600 MERWINS LANE  |              |                          |  |      |     |      |   |
| <b>City</b> FAIRFIELD  | <b>State</b> | <b>Zip Code (Plus 4)</b> |  | 4    | 18  | 2000 |   |
|  | CT           | 06430                    |  |      |     |      |   |
| <b>Description of Contribution:</b> RECORDING SERVICES   |              |                          |  |      |     |      |   |
| <b>Full Name of Contributor</b>  |              |                          |  | MO   | DAY | YEAR | \$ 200.00                                 |
| J ALAN FOWLER  |              |                          |  |      |     |      |   |
| <b>Mailing Address</b> 409 E BRIDLEPATH RD 9   |              |                          |  |      |     |      |   |
| <b>City</b> BETHLEHEM  | <b>State</b> | <b>Zip Code (Plus 4)</b> |  | 4    | 6   | 2000 |   |
|  | PA           | 18017                    |  |      |     |      |   |
| <b>Description of Contribution:</b> GRAPHIC DESIGN COSTS   |              |                          |  |      |     |      |   |
| <b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b> |              |                          |  |      |     |      | <b>PAGE TOTAL</b><br><br><b>\$ 400.00</b> |

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

|                                       |                  |
|---------------------------------------|------------------|
| 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 of Contributor   |       |                  |       | Occupation       |     |                             |         |
| Employer Mailing Address/Principal Place of Business  |       | City             | State | Zip Code(Plus 4) |     | Description of Contribution |         |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |       |                  |       |                  |     | PAGE TOTAL<br>0.00          |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|  |                           |
|--|---------------------------|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>   |
| BOSCOLA, LISA FRIENDS OF                     | From To: <u>4/24/2000</u> |

| DATE   |                 |                                |  | AMOUNT      |
|--|-----------------|--------------------------------|--|-------------|
| <b>To Whom Paid</b>                                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| NORTHAMPTON COUNTY COUNCIL OF DEM WOMEN              |                 |                                |  |             |
| <b>Mailing Address</b> 2145 MIXSELL AVENUE           | 3               | 25                             | 2000   | \$ 20.00    |
| <b>City</b> BETHLEHEM                                | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 18015 | <b>Description of Expenditure</b> DINNER TICKETS         |             |
| <b>To Whom Paid</b>                                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| FRANK WEST   |                 |                                |  |             |
| <b>Mailing Address</b> 4 E 4TH ST                    | 3               | 25                             | 2000   | \$ 20.00    |
| <b>City</b> BETHLEHEM                                | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 18015 | <b>Description of Expenditure</b>                        |             |
| <b>To Whom Paid</b>                                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| NORTHAMPTON CITY COUNCIL OF DEMOC WOMEN              |                 |                                |  |             |
| <b>Mailing Address</b> 2145 MIXSELL AVE              | 3               | 25                             | 2000   | \$ 3.00     |
| <b>City</b> BETHLEHEM                                | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 18015 | <b>Description of Expenditure</b> DUES                   |             |
| <b>To Whom Paid</b>                                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| DEM STATE SENATE CAMPAIGN COMMITTEE                  |                 |                                |  |             |
| <b>Mailing Address</b> PO BOX 3792                   | 3               | 27                             | 2000   | \$ 1,000.00 |
| <b>City</b> HARRISBURG                               | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 17105 | <b>Description of Expenditure</b> CONTRIBUTION           |             |
| <b>To Whom Paid</b>                                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| COMMITTEE TO ELECT JOHN MORGANELLI                   |                 |                                |  |             |
| <b>Mailing Address</b> 935 BARNSDALE RD              | 3               | 28                             | 2000   | \$ 1,000.00 |
| <b>City</b> BETHLEHEM                                | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 18017 | <b>Description of Expenditure</b> CONTRIBUTION           |             |
| <b>To Whom Paid</b>                                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| CELTIC FEST INC                                      |                 |                                |  |             |
| <b>Mailing Address</b> 65 E ELIZABETH AVENUE STE 100 | 4               | 6                              | 2000   | \$ 35.00    |
| <b>City</b> BETHLEHEM                                | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 18018 | <b>Description of Expenditure</b> AUCTION BID FUNDRAISER |             |

|                                   |          |                         |  |     |      |             |
|-----------------------------------|----------|-------------------------|--|-----|------|-------------|
| To Whom Paid                      |          |                         | MO   | DAY | YEAR | \$ 1,174.34 |
| PORTUGUESE AMERICAN CLUB          |          |                         |  |     |      |             |
| Mailing Address 337 BROADHEAD AVE |          |                         | 4  | 6   | 2000 |             |
| City BETHLEHEM                    | State PA | Zip Code (Plus 4) 18015 | Description of Expenditure CATERING COSTS FUNDRAISER |     |      |             |

|                                     |          |                         |   |     |      |           |
|-------------------------------------|----------|-------------------------|---|-----|------|-----------|
| To Whom Paid                        |          |                         | MO  | DAY | YEAR | \$ 624.96 |
| PHILIP LEVIN CO                     |          |                         |   |     |      |           |
| Mailing Address 3301 N 6TH ST STE C |          |                         | 4   | 14  | 2000 |           |
| City HARRISBURG                     | State PA | Zip Code (Plus 4) 17110 | Description of Expenditure PICTURE FRAMES |     |      |           |

|                                       |          |                         |   |     |      |           |
|---------------------------------------|----------|-------------------------|---|-----|------|-----------|
| To Whom Paid                          |          |                         | MO  | DAY | YEAR | \$ 704.90 |
| GENERAL PRINTING                      |          |                         |   |     |      |           |
| Mailing Address 2015 FREEMANSBURG AVE |          |                         | 4   | 16  | 2000 |           |
| City EASTON                           | State PA | Zip Code (Plus 4) 18042 | Description of Expenditure PRINTING COSTS INVITATIONS |     |      |           |

|                                   |          |                         |                               |     |      |          |
|-----------------------------------|----------|-------------------------|-------------------------------|-----|------|----------|
| To Whom Paid                      |          |                         | MO                            | DAY | YEAR | \$ 50.00 |
| BETHLEHEM UNICO                   |          |                         |                               |     |      |          |
| Mailing Address 532 SENECA STREET |          |                         | 4                             | 18  | 2000 |          |
| City BETHLEHEM                    | State PA | Zip Code (Plus 4) 18017 | Description of Expenditure AD |     |      |          |

|  |          |                         |                            |     |      |          |
|--|----------|-------------------------|----------------------------|-----|------|----------|
| To Whom Paid                             |          |                         | MO                         | DAY | YEAR | \$ 50.00 |
| FRIENDS OF JOE BATTISTO                  |          |                         |                            |     |      |          |
| Mailing Address PO BOX 170 37 REEDERS ST |          |                         | 4                          | 18  | 2000 |          |
| City MT POCONO                           | State PA | Zip Code (Plus 4) 18344 | Description of Expenditure |     |      |          |

|                                 |          |                         |  |     |      |             |
|---------------------------------|----------|-------------------------|--|-----|------|-------------|
| To Whom Paid                    |          |                         | MO   | DAY | YEAR | \$ 1,100.00 |
| WAEB                            |          |                         |  |     |      |             |
| Mailing Address 1544 ALTA DRIVE |          |                         | 4  | 20  | 2000 |             |
| City WHITEHALL                  | State PA | Zip Code (Plus 4) 18052 | Description of Expenditure RADIO AIR TIMES |     |      |             |

|                                      |          |                         |  |     |      |           |
|--------------------------------------|----------|-------------------------|--|-----|------|-----------|
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 540.00 |
| WOPA                                 |          |                         |  |     |      |           |
| Mailing Address 528 NORTH NEW STREET |          |                         | 4  | 20  | 2000 |           |
| City BETHLEHEM                       | State PA | Zip Code (Plus 4) 18018 | Description of Expenditure RADIO AIR TIMES |     |      |           |

|                            |          |                         |                               |     |      |          |
|----------------------------|----------|-------------------------|-------------------------------|-----|------|----------|
| To Whom Paid               |          |                         | MO                            | DAY | YEAR | \$ 30.00 |
| KNIGHTS OF COLOMBUS        |          |                         |                               |     |      |          |
| Mailing Address PO BOX 601 |          |                         | 4                             | 20  | 2000 |          |
| City BANGOR                | State PA | Zip Code (Plus 4) 18013 | Description of Expenditure AD |     |      |          |

|   |                    |                                   |   |            |             |          |
|---|--------------------|-----------------------------------|---|------------|-------------|----------|
| <b>To Whom Paid</b><br>WEST END FAIR      |                    |                                   | <b>MO</b>                                       | <b>DAY</b> | <b>YEAR</b> | \$ 65.00 |
| <b>Mailing Address</b> 3019 HAMILTON EAST |                    |                                   | 4   | 24         | 2000        |          |
| <b>City</b> STROUDSBURG                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18360 | <b>Description of Expenditure</b><br>PROGRAM AD |            |             |          |

  

|   |                    |                                   |   |            |             |          |
|---|--------------------|-----------------------------------|---|------------|-------------|----------|
| <b>To Whom Paid</b><br>RETIRED & SENIOR VOLUNTEER PROGRAM OF MC |                    |                                   | <b>MO</b>                               | <b>DAY</b> | <b>YEAR</b> | \$ 20.00 |
| <b>Mailing Address</b> 411 MAIN STREET STE 102 B                |                    |                                   | 4                                       | 27         | 2000        |          |
| <b>City</b> STROUDSBURG   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18360 | <b>Description of Expenditure</b><br>AD |            |             |          |

  

|  |  |  |  |  |  |                   |
|--|--|--|--|--|--|-------------------|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b> |
|  |  |  |  |  |  | \$ 6,437.20       |

