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			CANDI	CANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:	E	BOSC	DLA,	LIS	SA FRIEN	IDS OF	=							
Street Address:																	
City:	BETHLEHEM							State:	PA			Zip Cod	de: 18	8016-1	294		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2.	30 PRI	DA IMA		POST-	3. X		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PELECTION	RE-	- 5.	30 ELE		Y F TON	POST- 6.			TERMINATION REPORT?		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2022					IG METHO				PAPER DISKE				TTE	
Name of Office S	Sought by Candida	te:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	18	STS	DEN	1	48	
SENATOR IN TH	HE GENERAL ASS	EMBLY					İ	11		8	2022		(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR MO DAY YEAR							AR	FC	R OFFI	CE USE	ONLY						
Expenditures	from:		5 3	20	22	ТО		6		6	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			406,4	169.32						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	lule I)		\$			5	500.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$,	406,9	969.32						
D. Total Expend	ditures (From Sch	edule II	I)				\$			2,6	30.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$		4	104,3	39.32]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00						
			Al	FI	DAV	IT S	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I1	f this	is a C	Can	didate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached schedu	les	filed o	n pape	er c	or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge :	and beli	ef , tr	ue.
Sworn to and subs	cribed before me thi day of	S	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ıre				_						Prin	ted Name	<u> </u>			_
My Commission Ex	_											Ema	il				-
	МО	D	AY Y	/R					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Cor	nm	ittee,	Cand	lida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and belief t	his Į	politica	l com	nmi	ttee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate			-
	day of					_						Printe	ed Name				-
	Signature					_											_
My Commission Exp	_											Ema	il				
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BOSCOLA, LISA FRIENDS OF	From:	5/3/202	<u>2</u> To:	6/6/2022
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)			\$	500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	500.00

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 Candid	lame of Filing Committee or Candidate			Reporting Period						
			From:		То	:				
		·		DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address		_				\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

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 Candida	te		Reporting Period						
			From: To			·o:			
'					DATE			AMOUNT	
Full Name of Contributor									
Tan Name of Contributor				МО	DAY	YEAR			
Mailing Address				МО	DAY	YEAR	\$		0.00

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

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	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		,	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary 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				
BOSCOLA, LISA FRIENDS OF		_	Fror	n: 	<u>5/3/2</u>	022 T	<u>6/6/2022</u>		
				D/	ATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	500.00	
Hellertown Crossroads INN							*	300.00	
Mailing Address				5	19	2022	,		
City Hellertown	State	Zip Code (Plu	ıs 4)		10	202			
	l _{PA}	18055							
Employer Name Hellertown X roads				Occupation Sole Prop					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	ode (Plus 4)	
		Hellertov	v n		PA		18055		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec						Γ		PAGE TOTAL	
Enter Grand Potal of Fair Con School	ruic 1, Detailed 30	illillar y 1 age	, Section	JII J.			\$	500.00	

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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary 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	I						
BOSCOLA, LISA FRIENDS OF	From:	<u>5/3/2022</u> To:	<u>6/6/2022</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Can	didate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta				ımary Pa	ge,		PAGE TOTAL	-
Section 2.	ection 2.					\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

2,630.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reportir	ng Period			
BOSCOLA, LISA FRIENDS OF	From	<u>5/3</u>	<u>3/2022</u>	То:	6/6/2022
		DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR		
UNICO					

Mailing Address			5 26 2			\$	130.00	
City Easton	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	18042	Dinner /					
To Whom Paid			мо	DAY	YEAR			
Dillion For Senate								
Mailing Address			5	13	2022	\$	2,500.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 19154			Donatio	n				
					PAGE TOTAL			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.