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 2022	C0722			Repor Filed		CAND	IDATE	✓	СС	OMMITTE	E	LOB	BYIST		
Name of Filing C	Committee, Candida	ate or Lo	bbyist:		LISA B	oscol	_A			_					•	
Street Address:																
City:							State:				Zip Cod	e: 18	18042			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	POST- 3.			AMENDMENT REPORT?		No	· 🗸	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 DA ELECT		POST-	POST- 6.			TERMINATION REPORT?		No	· 🗸	
report type)	ANNUAL REPORT	7.	Year 2022				NG METH CHECK C				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Gought by Candidat	te:					DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	County	
							мо	DAY	YEA	R	18	STS	DEM	1		
SENATOR IN TH	HE GENERAL ASSE	EMBLY					1:	1	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY		
Expenditures	from:		9 20	2	022 1	0	1(D	24	2022						
A. Amount Bro	ught Forward Fron	n Last Re	eport			\$			·	0.00						
B. Total Moneta	ary Contributions A	And Rece	eipts (From	1 Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Sche	edule III	:)			\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D I	From Line	C)		\$				0.00	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$				0.00	4					
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')		\$				0.00						
				AFF	IDAV	T SE	CTION									
	s a Committee repo															
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedule	s filed on	paper	or by elec	tronic m	edium, a	are to 1	the best of	my know	ledge	and beli	ief , true	
Sworn to and subs	cribed before me this day of	5	20						Sig	nature	e of Person	Submitt	ing Rep	oort		
		re				_					Print	ed Name				
My Commission Ex	-										Emai	I				
	мо	DA	Y	YR		_		Ar	ea Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee, G	Candid	ate shall	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	dge and beli	ef this	political	comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.I	L. 1333,	
Sworn to and subso	ribed before me this day of		20							s	ignature o	f Candida	te			
						_					Printee	d Name				
Signature						_		Email								
My Commission Exp						Emai	1									

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LISA BOSCOLA From: <u>9/20/2022</u> To: 10/24/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate				Reporting Period							
				From:			Го:				
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	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 Candidate					Reporting Period					
			From: To			D:				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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						
			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 Sched	n 3.			\$	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						
			Froi	n:		Т):			
				D	ATE		АМ	AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (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							
				m: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•								
		_	.	_				PAGE TO	ΓAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary 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										
LISA BOSCOLA	From:	<u>9/20/2022</u> то:	<u>10/24/2022</u>								
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)										
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				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,							PAGE TOTAL	
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period						
				From:						
					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 Plac	City	State	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 Candidate				Reporting Period						
				From						
		DATE		AMOUNT						
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	enditure							
Enter Grand Tatal of Evnanditures	Cover Dage Item [<u> </u>				PAGE TOTAL				
Enter Grand Total of Expenditures of				\$	0.00					