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 :	ion	20220	0722			Repo Filed		:	CANDI	DATE	✓	co	OMMITTE	E	LOB	BYIST		
Name of Filing (Committee,	Candida	ite or Lo	bbyist:		LISA	BOS	COL	A									
Street Address:																		
City:									State:				Zip Code: 18		8042			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA RIMA		POST-	3.			AMENDMENT REPORT?		Ν	0	\checkmark
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA ELECTION	y pre	≣- 5.		0 DA LECT		POST-	POST- 6.		TERMINATION REPORT?		Yes	N	0	\checkmark
report type)	ANNUAL R	REPORT	7. X	Year 2022					IG METH				PAPER	PAPER		DISK	ETTE	
Name of Office S	Sought by C	- Candidat	e:						DATE C)F ELE	СТІС	N	District Number	Office Code	Par	ty Cod	e Cou Cod	
SENATOR IN T	HE GENER	AL ASSE	MBLY						мо	DAY	Y	EAR	18	STS	DEM	1		
				_					11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		and	мо	DAY	YEAR				мо	DAY	Y	EAR	FO	R OFFIC	e use	ONLY	,	
	s nom.		1	.1 29	2	022	то)	12	2	31	2022						
A. Amount Bro	A. Amount Brought Forward From Last Report											0.00	-					
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I							\$ 0.00										
C. Total Funds Available (Sum Of Lines A and B)								\$				0.00						
D. Total Expenditures (From Schedule III)								\$				0.00						
E. Ending Cash	n Balance (S	Subtract	Line D I	From Line	C)			\$				0.00	-					
F. Value Of In-				-		le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obli	gations ((From S	chedule IV)			\$				0.00						
					AFF	IDA\	/IT	SE	CTION									
PART I - If this i																		
I swear (or affirm correct and compl		port, inclu	iding the	attached sc	nedule	s filed o	on pa	iper o	or by elect	ronic m	edium	, are to	the best of	my know	ledge	and be	lief , ti	rue
Sworn to and subs	scribed befor day of	e me this		20							5	Signatur	e of Persor	Submitt	ing Rep	oort		_
		Signatur	e										Print	ed Name				_
My Commission E	xpires												Emai	I				
	м	0	DA	Y	YR					Ar	ea Coo	le	Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's a	authorized	Comn	nittee,	Can	ndida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend		best of m	y knowle	dge and beli	ef this	politic	al co	ommi	ttee has r	iot viola	ted ar	ıy provis	ions of the	act of Ju	ne 3,1	937 (P	L. 133	33,
Sworn to and subso	cribed before day of	me this		20								S	ignature o	f Candida	te			-
													Printe	d Name				-
My Commission Exp	-	gnature											Emai	1				_
,										·					_			
		мо	DA	Y	YR	1				Area Code Daytime Telephone Number					ber			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LISA BOSCOLA From: <u>11/29/2022</u> **To:** 12/31/2022 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 Candida	te		Re	porting	Period			
Fr				From: To:			:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	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):			
					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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	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	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor	ailing					YEAR		
Mailing Address	Address						\$	0.00
City	State	Zi	ip Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							PAG	GE TOTAL
inter Grand Total of Part C on Schedule 1, Detailed Summary Page, Secto							5	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			Report	ing Perio	od				
			From: To):		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description									
Enter Grand Total of Part E on Schedu	Section	4				PAGE TO	ſAL		
	ter Grand Total of Part E on Schedule I, Detailed Summary Page, Sect						\$		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 Perio	d	
LISA BOSCOLA	From:	<u>11/29/2022</u> то:	<u>12/31/2022</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	g Period			
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor				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.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rej	porting P	eriod			
					Fro	m:		То:		
					DATE A					AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	Employer of Contributor					Occupat	tion			
Employer Mailing Address/Principal Place of City St Business			State		Zip 4)	Code(Plus	Descri	otion of	Contribution	

Enter Grand Total of Part G on Schedule II	. In-Kind Con	tributions Detai	led	PAGE TOTAL
Summary Page, Section 3.	,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
			From			То:		
		AMOUNT						
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				otion of Ex	penditure			
Enter Grand Total of Expenditures	`				PAGE TOTAL			
	on Page 1, Report C	over Page, Item L				\$	0.00	