

Campaign Finance Report

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

Filer Identification Number :		9400092		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: BOSCOLA, LISA FRIENDS OF												
Street Address:												
City: BETHLEHEM						State: PA		Zip Code: 18016-1294				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2023		FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE	<input type="checkbox"/>	
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	DEM 48			
						11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2023		5	1	2023				
A. Amount Brought Forward From Last Report						\$ 286,635.08						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 6,000.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 292,635.08						
D. Total Expenditures (From Schedule III)						\$ 6,901.53						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 285,733.55						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 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

Name of Filing Committee or Candidate	Reporting Period
BOSCOLA, LISA FRIENDS OF	From: <u>1/1/2023</u> To: <u>5/1/2023</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)	\$ 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)	\$ 6,000.00
TOTAL for the Reporting Period (3)	\$ 6,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 6,000.00
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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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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 BOSCOLA, LISA FRIENDS OF	Reporting Period From: <u>1/1/2023</u> To: <u>5/1/2023</u>
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				DATE			AMOUNT
Full Name of Contributor Abraham Atiyeh				MO	DAY	YEAR	\$ 5,000.00
Mailing Address				4	14	2023	
City Bethlehem	State PA	Zip Code (Plus 4) 18020					
Employer Name The Manors				Occupation Self Employed			
Employer Mailing Address/Principal Place of Business			City Bethlehem		State PA		Zip Code (Plus 4) 18020
Full Name of Contributor JCRD LLC				MO	DAY	YEAR	\$ 500.00
Mailing Address				4	24	2023	
City Bethlehem	State PA	Zip Code (Plus 4) 18017					
Employer Name DBA FIAMMA				Occupation Sole Proprietor			
Employer Mailing Address/Principal Place of Business			City Bethlehem		State PA		Zip Code (Plus 4) 18017
Full Name of Contributor JCRD LLC				MO	DAY	YEAR	\$ 500.00
Mailing Address				4	24	2023	
City Bethlehem	State PA	Zip Code (Plus 4) 18017					
Employer Name DBA FIAMMA				Occupation Sole Proprietor			
Employer Mailing Address/Principal Place of Business			City Bethlehem		State PA		Zip Code (Plus 4) 18017

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 6,000.00

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 Candidate	Reporting Period From: To:
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			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.

PAGE TOTAL
\$ 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>1/1/2023</u> To: <u>5/1/2023</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
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.)			\$ 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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
BOSCOLA, LISA FRIENDS OF	From <u>1/1/2023</u> To: <u>5/1/2023</u>

				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	\$
Verizon Wireless							
Mailing Address				4	12	2023	
City	New York	State	Zip Code (Plus 4)	Description of Expenditure			
		NY	10021	Cell Phone			
To Whom Paid				MO	DAY	YEAR	\$
Friends of Bryan Callahan							
Mailing Address				4	3	2023	
City	Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18018	Donation			
To Whom Paid				MO	DAY	YEAR	\$
Lehigh Valley Sports Hall of Fame							
Mailing Address				3	20	2023	
City	Delaware Water Gap	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18327	Banquet Book Ad			
To Whom Paid				MO	DAY	YEAR	\$
USW							
Mailing Address				3	20	2023	
City	Lancaster	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17603	Program Ad			
To Whom Paid				MO	DAY	YEAR	\$
Bethlehem Firefighters 735							
Mailing Address				3	20	2023	
City	Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18018	Gala sponsorship			
To Whom Paid				MO	DAY	YEAR	\$
Andy & Pennewell's flower shop							
Mailing Address				3	20	2023	
City	Hellertown	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18055	sympathy flowers			

To Whom Paid Lisa Boscola			MO	DAY	YEAR	\$ 368.00
Mailing Address			2	27	2023	
City Easton	State PA	Zip Code (Plus 4) 18045	Description of Expenditure Reimbursement Staff Event & Donor Dinner			

To Whom Paid Team V Foundation			MO	DAY	YEAR	\$ 75.00
Mailing Address			3	20	2023	
City New Cumberland	State PA	Zip Code (Plus 4) 17070	Description of Expenditure Donation			

To Whom Paid Friends of Stephen Baratta			MO	DAY	YEAR	\$ 5,000.00
Mailing Address			3	3	2023	
City Bethlehem	State PA	Zip Code (Plus 4) 18017	Description of Expenditure Donation			

To Whom Paid NDHS			MO	DAY	YEAR	\$ 260.00
Mailing Address			4	25	2023	
City Easton	State PA	Zip Code (Plus 4) 18045	Description of Expenditure Gala Tickets			

To Whom Paid Steelworkers Ed O'Brien Dinner			MO	DAY	YEAR	\$ 245.00
Mailing Address			4	27	2023	
City Bethlehem	State PA	Zip Code (Plus 4) 18018	Description of Expenditure Tickets and Ad			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 6,901.53

