#### **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	0092				port ed B		CANDI	DATE		соми	<b>ITTEE</b>	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	date or L	obbyist:		BOS	SCOI	A, LI	SA FRIE	NDS OF								
Street Address:	PO BOX 1294	1															
City:	BETHLEHEM							State:	PA			Zip Cod	<b>ie:</b> 18	016-1	294		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA	'	POST-	6.		TERMINA REPORT?	No	•	<b>/</b>		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023					NG METH		PAPER D					DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		1	48			
								11		7	2023		ONS FOR (	CODES)	1		
Summary of Expenditures	Receipts and	МО	DAY Y	EAR			_	МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
			1 1	20	023	I	0	5		1	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				35.08						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$			6,0	00.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			292,6	535.08						
D. Total Expend	ditures (From Sch	edule II	I)				\$			6,9	01.53						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$		7	285,7	33.55						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			'			
			A	٩FF	ΙDΑ	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. 1	[f th	is is	a Car	ndidate r	eport, d	candi	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	e attached sche	dules	file	d on	paper	or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge	and beli	ef , tru	ıe
Sworn to and subs	cribed before me the day of	is	20							S	ignature	of Perso	n Submit	ing Rep	oort		
	Signate	ıre					-					Prin	ted Name				
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	YR					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	poli	tical	comm	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of	;	20								s	ignature o	of Candida	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
rry Commission Exp				_		_	•										_
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	ne Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BOSCOLA, LISA FRIENDS OF	From:	1/1/202	<u>3</u> To:	5/1/2023
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	6,000.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2		) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>			<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 0.00

### 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	e or Candidate		Reporting Period					
			Fro	m:		To	<b>)</b> :	
					DATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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

**PAGE TOTAL \$** 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	ne of Filing Committee or Candidate					Reporting Period					
BOSCOLA, LISA FRIENDS OF				Fror	n:	<u>1/1/2</u>	<u>023</u> <b>T</b> o	o:	5/1/2023		
					D/	ATE		АМ	IOUNT		
Full Name of Contributor JCRD LLC					МО	DAY	YEAR				
Mailing 2118 Schonersville F	Rd							<b>\$</b>	500.00		
City Bethlehem	State PA		p Code (Plus 3017	s 4)	4	24	2023	3			
Employer Name DBA FIAMMA					Occupat	c <b>ion</b>	iole Pro	prietor			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Code	e (Plus 4)		
Same as above			Bethlehe	m		PA		18017			
Full Name of Contributor JCRD LLC					МО	DAY	YEAR				
Mailing Address 2118 Schonersville F	Rd							\$	500.00		
City Bethlehem	State PA		p Code (Plus	s <b>4</b> )	4	24	2023	3			
Employer Name DBA FIAMMA					Occupat	cion S	iole Pro	prietor			
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Code	e (Plus 4)		
Same as above			Bethlehe	m		PA		18017			
<b>Full Name of Contributor</b> Abraham Atiyeh					мо	DAY	YEAR				
Mailing 3660 Manor Rd								\$	5,000.00		
City Bethlehem	State PA		p Code (Plus 3020	5 4)	4	14	2023	3			
Employer Name The Manors			Occupat	ion	elf Em	oloyed					
Employer Mailing Address/Principal Pla Business	ce of		City		-	State		Zip Code	e (Plus 4)		
Same as above			Bethlehe	m		PA		18020			

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

PAGE TOTAL

6,000.00

\$

## 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	
BOSCOLA, LISA FRIENDS OF	From:	<u>1/1/2023</u> <b>To:</b>	<u>5/1/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	T 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 Candid	late		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	Schedule II. In-Kir	nd Contributions Deta	iled Sum	mary Pag	ae. F		PAGE TOTAL
Section 2.				,;	,-,	\$	
1						Ψ	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (	Contributions De	etaile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period			
BOSCOLA, LISA FRIENDS OF			From	1/	1/2023	То:	<u>5/1/2023</u>
		•		DATE			AMOUNT
<b>To Whom Paid</b> Verizon Wireless			МО	DAY	YEAR		
Mailing Address requested			4	12	2023	\$	80.00
City New York	State NY	<b>Zip Code (Plus 4)</b> 10021	<b>Descrip</b> Cell Pho	otion of Exp	penditure		
<b>To Whom Paid</b> Friends of Bryan Callahan			мо	DAY	YEAR		
Mailing Address 530 Main St			4	3	2023	\$	250.00
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018	<b>Descrip</b> Donation	otion of Exp	penditure		
<b>To Whom Paid</b> Lehigh Valley Sports Hall of Fame			МО	DAY	YEAR		
Mailing Address 236 Cherry Valley ro	d		3	20	2023	\$	75.00
City Delaware Water Gap	State PA	<b>Zip Code (Plus 4)</b> 18327	1	otion of Expet Book Ad	penditure		
<b>To Whom Paid</b> USW			мо	DAY	YEAR		
Mailing Address 245 Centerville Rd			3	20	2023	\$	200.00
City Lancaster	State PA	<b>Zip Code (Plus 4)</b> 17603	<b>Descrip</b> Prograr	otion of Exp	penditure		

To Whom Paid

**Mailing Address** 

City

Bethlehem Firefighters 735

Bethlehem

53 E Lehigh St

State

PΑ

250.00

DAY

Gala sponsorship

20

**Description of Expenditure** 

YEAR

2023

мо

Zip Code (Plus 4)

18018

3

To Whom Paid Andy & Pennewell's flower shop  Mailing Address 1135 Main st  State PA I 18055  To Whom Paid Lisa Boscola  Mo DAY YEAR  Mailing Address 385 Palmetto Dr  City Easton  State PA I 2ip Code (Plus 4) PA	\$ & Donor I	98.53 368.00 Dinner
Mailing Address 1135 Main st  City Hellertown  State PA  PA  2ip Code (Plus 4) 18055  Description of Expenditure sympathy flowers  To Whom Paid Lisa Boscola  Mo DAY YEAR  Mailing Address 385 Palmetto Dr  City Easton  State PA  PA  2ip Code (Plus 4) 18045  Description of Expenditure sympathy flowers  To Whom Paid PA  To Whom Paid Team V Foundation  Mo DAY YEAR  To Whom Paid Team V Foundation  Mailing Address 347 Hillside Drive  City New Cumberland  State PA  PA  Zip Code (Plus 4) 18045  Description of Expenditure Reimbursement Staff Event 8  To Whom Paid Team V Foundation  Mo DAY YEAR  To Whom Paid	\$ & Donor I	368.00 Dinner
City Hellertown State PA	\$ & Donor I	368.00 Dinner
To Whom Paid Lisa Boscola  City Easton  To Whom Paid Team V Foundation  Mo Day YEAR  State PA	& Donor I	Dinner
To Whom Paid Lisa Boscola  Mailing Address 385 Palmetto Dr  City Easton State PA Sta	& Donor I	Dinner
Lisa Boscola  Mailing Address 385 Palmetto Dr  City Easton  State PA  PA  To Whom Paid Team V Foundation  Mo  Day  PA  To Whom Paid Team V Foundation  City New Cumberland  State PA  State PA  State PA  To Whom Paid Team V Foundation  Mo  Day  PA  Description of Expenditure PA  To Whom Paid	& Donor I	Dinner
City Easton  State PA  18045  To Whom Paid Team V Foundation  Mo Day PEAR  City New Cumberland  To Whom Paid PA  To Whom Paid PA  To Whom Paid Team V Foundation  State PA  To Whom Paid PA  To Whom Paid PA  To Whom Paid To Whom Paid  To Whom Paid To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid	& Donor I	Dinner
To Whom Paid Team V Foundation  Mailing Address 347 Hillside Drive  City New Cumberland  State PA 18045  To Whom Paid To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid  To Whom Paid		
To Whom Paid Team V Foundation  Mailing Address 347 Hillside Drive  City New Cumberland  State PA  PA  18045  Reimbursement Staff Event 8  MO  DAY  YEAR  Zip Code (Plus 4) 17070  Description of Expenditure Donation  To Whom Paid  MO  DAY  YEAR		
Team V Foundation  Mo DAY YEAR  Mailing Address 347 Hillside Drive  City New Cumberland  State PA 17070  Description of Expenditure Donation  To Whom Paid  MO DAY YEAR	\$	75.00
City New Cumberland  State PA  2ip Code (Plus 4) 17070  Description of Expenditure Donation  To Whom Paid  MO DAY YEAR	\$	75.00
PA 17070 Donation  To Whom Paid  MO DAY YEAR		
To Whom Paid  PA  17070  Donation  MO DAY YEAR		
MO  DAY  YEAR		
Mailing Address 134 Langhorne Ave 3 2023	\$	5,000.00
City Bethlehem State Zip Code (Plus 4) Description of Expenditure		
PA 18017 Donation		
To Whom Paid NDHS MO DAY YEAR		
Mailing Address Green Pond Rd 4 25 2023	\$	260.00
City Easton State Zip Code (Plus 4) Description of Expenditure		
PA 18045 Gala Tickets		
To Whom Paid Steelworkers Ed O'Brien Dinner  MO DAY YEAR		
Mailing Address 53 E Lehigh St 4 27 2023	\$	245.00
City Bethlehem State Zip Code (Plus 4) Description of Expenditure		
PA 18018 Tickets and Ad		
Fatas Count Tatal of Farmer discourse Daniel County County	P	AGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$	6,901.53