

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: PO BOX 1294 | | | | | | | | | | | |
| 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. <input checked="" type="checkbox"/> | 30 DAY PRIMARY | POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST-ELECTION | 6. | TERMINATION REPORT? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| | 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

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

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

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

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 |
|---|-------------|

| | | | | | | |
|--|-------|-------------------|--|------------------|-----|---------|
| <div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div> | | | | | | |
| Name of Filing Committee or Candidate | | | | Reporting Period | | |
| | | | | From: | | To: |
| | | | | DATE | | AMOUNT |
| Full Name of Contributor | | | | MO | DAY | YEAR |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| | | | | | | \$ 0.00 |

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 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> |
|--|--|

| | | | | DATE | | | AMOUNT |
|--|--------------------|-----------------------------------|--------------------------|-----------------------------------|--------------------|-----------------------------------|-----------|
| Full Name of Contributor JCRD LLC | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 2118 Schonersville Rd | | | | 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 Same as above | | | City Bethlehem | | State PA | Zip Code (Plus 4) 18017 | |

| | | | | | | | |
|--|--------------------|-----------------------------------|--------------------------|-----------------------------------|--------------------|-----------------------------------|-----------|
| Full Name of Contributor JCRD LLC | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 2118 Schonersville Rd | | | | 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 Same as above | | | City Bethlehem | | State PA | Zip Code (Plus 4) 18017 | |

| | | | | | | | |
|--|--------------------|-----------------------------------|--------------------------|---------------------------------|--------------------|-----------------------------------|-------------|
| Full Name of Contributor Abraham Atiyeh | | | | MO | DAY | YEAR | \$ 5,000.00 |
| Mailing Address 3660 Manor Rd | | | | 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 Same as above | | | City Bethlehem | | State PA | Zip Code (Plus 4) 18020 | |

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: |

| | | | 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 RECIEVED - 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: |

| | | | | DATE | | | AMOUNT |
|---|-------|-------------------|--|------|-----|------|------------------------------|
| Full Name of Contributor | | | | MO | 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 Detailed Summary Page, Section 2. | | | | | | | PAGE TOTAL \$ 0.00 |

5/5/2024 6:22:34 AM

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 Verizon Wireless | MO | DAY | YEAR | |
| Mailing Address requested | 4 | 12 | 2023 | \$ 80.00 |
| City New York | State NY | Zip Code (Plus 4) 10021 | Description of Expenditure Cell Phone | |
| To Whom Paid Friends of Bryan Callahan | MO | DAY | YEAR | |
| Mailing Address 530 Main St | 4 | 3 | 2023 | \$ 250.00 |
| City Bethlehem | State PA | Zip Code (Plus 4) 18018 | Description of Expenditure Donation | |
| To Whom Paid Lehigh Valley Sports Hall of Fame | MO | DAY | YEAR | |
| Mailing Address 236 Cherry Valley rd | 3 | 20 | 2023 | \$ 75.00 |
| City Delaware Water Gap | State PA | Zip Code (Plus 4) 18327 | Description of Expenditure Banquet Book Ad | |
| To Whom Paid USW | MO | DAY | YEAR | |
| Mailing Address 245 Centerville Rd | 3 | 20 | 2023 | \$ 200.00 |
| City Lancaster | State PA | Zip Code (Plus 4) 17603 | Description of Expenditure Program Ad | |
| To Whom Paid Bethlehem Firefighters 735 | MO | DAY | YEAR | |
| Mailing Address 53 E Lehigh St | 3 | 20 | 2023 | \$ 250.00 |
| City Bethlehem | State PA | Zip Code (Plus 4) 18018 | Description of Expenditure Gala sponsorship | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|----------|
| To Whom Paid Andy & Pennewell's flower shop | | | MO | DAY | YEAR | \$ 98.53 |
| Mailing Address 1135 Main st | | | 3 | 20 | 2023 | |
| City Hellertown | State PA | Zip Code (Plus 4) 18055 | Description of Expenditure sympathy flowers | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|-----------|
| To Whom Paid Lisa Boscola | | | MO | DAY | YEAR | \$ 368.00 |
| Mailing Address 385 Palmetto Dr | | | 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 347 Hillside Drive | | | 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 134 Langhorne Ave | | | 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 Green Pond Rd | | | 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 53 E Lehigh St | | | 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 |

