Campaign Finance Report

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

Filer Identificat	ion 94000	092			Repor		CAND	IDATE		сом	MITTEE	✓	LOBE	BYIST	
Number :	Committee Candida	ate or L	obbyisti		Filed B	-						_			
Name of Filing Committee, Candidate or Lobbyist: BOSCOLA, LISA FRIENDS OF PO BOX 1294 PO BOX 1294															
Street Address:															
City:	BETHLEHEM						State:	PA			Zip Code: 18016-1294				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- PRIMARY 2. 30 DA PRIMA				POST-	POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 D ELEC	DAY CTION	POST-	6. X		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2023				ING METH) CHECK C				PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Candidat	e:					DATE (OF ELE	СТІС	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	Y	AR	Humber	code	DEN	1	48
							11	L	7	2023	·	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAR	1		мо	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:		5 6	2	023 T	0	10		24	2023					
A. Amount Bro	ught Forward From	n Last R	eport			9	\$		301,9	971.36	1				
B. Total Monet	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I)		\$		181,3	373.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 483,344.36															
D. Total Expen	ditures (From Sche	edule II	I)				\$		29,6	565.09					
E. Ending Cash	n Balance (Subtract	: Line D	From Line	C)			\$	2	153,6	579.27					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$			0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$			0.00					
				AFF	IDAVI	T S	ECTION								
PART I - If this i	s a Committee repo	ort, trea	surer sign	here. 1	If this is	a Ca	andidate r	eport, o	andi	date sig	gn here.				
I swear (or affirm correct and compl) that this report, incluente	uding the	e attached sc	hedules	s filed on	pape	r or by elec	tronic m	edium	, are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of		20						S	Signature	e of Perso	n Submitt	ing Rep	oort	
	Signatur	re				_					Prin	ted Name			
My Commission E	-										Ema	il			
	мо	D	AY	YR				Are	ea Coo	le	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	andi	date shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of m ed.	ıy knowle	edge and beli	ief this	political	com	mittee has i	not viola	ted an	ıy provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before me this									s	ignature	of Candida	ite		
day of 20 Printed Name															
My Commission Exp	Signature					_					Ema	il			
						_									
	МО	D	AY	YR				Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
BOSCOLA, LISA FRIENDS OF	From:	<u>5/6/202</u>	<u>3</u> To:	<u>10/24/2023</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	J 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)			\$	0.00					
TOTAL for the Reporting	J Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)									
TOTAL for the Reporting	J Period	(4)	\$	181,373.00					
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			\$	181,373.00					
L									

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					
			Fro	om:		То	:			
					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

\$

PAGE 3

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 Candidat	e		Rep Froi	oorting P m:	eriod	тс):			
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Rep				Reporting Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Commit	ttee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	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		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Cand	idate		Report	ing Peric	d			
BOSCOLA, LISA FRIENDS OF From:				From: <u>5/6/2023</u> To				<u>10/24/2023</u>
				D	ATE			AMOUNT
Full Name XXX				мо	DAY	YEAR	1	
Mailing Address XXX							\$	181,373.00
City _{XXX}	State PA	Zip Code (10010	Plus 4)	10	23	202	3	
Receipt Description XX								
Enter Grand Total of Part E on So	bedule I. Detailed	l Summary Page	Section	4				PAGE TOTAL
		, culling ruge,	Section				\$	181,373.00

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>5/6/2023</u> то:	<u>10/24/2023</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	T F)		
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		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4))					
Description of Contribution:	Description of Contribution:							
Enter Grand Total of Part F on Sche	dule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAG	E TOTAL	
Section 2.					4	;	0.00	

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

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)								
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	Contribution	

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	ed	PAGE TOTAL
Summary Page, Section 3.	_,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
BOSCOLA, LISA FRIENDS OF			From <u>5/6/2023</u>			То:	<u>10/24/2023</u>
			DATE				AMOUNT
To Whom Paid XX			мо	DAY	YEAR		
Mailing Address XX			10	23	2023	\$	29,665.09
City _{XX}	State PA	Zip Code (Plus 4) 10010	Description of Expenditure xx				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	29,665.09