

# 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. <b>X</b>	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2025	FILING METHOD ( ) CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	DEM 48			
				11	4	2025	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2025		5	5	2025		
A. Amount Brought Forward From Last Report				\$ 504,349.31						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 5,000.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 509,349.31						
D. Total Expenditures (From Schedule III)				\$ 6,313.23						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 503,036.08						
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
BOSCOLA, LISA FRIENDS OF	From: <u>1/1/2025</u> To: <u>5/5/2025</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 5,000.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 5,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 5,000.00
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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
	From: To:

DATE	AMOUNT
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Full Name of Contributing Committee	MO	DAY	YEAR	\$0.00
Mailing Address				
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.

<b>Name of Filing Committee or Candidate</b> BOSCOLA, LISA FRIENDS OF	<b>Reporting Period</b> <b>From:</b> <u>1/1/2025</u> <b>To:</b> <u>5/5/2025</u>
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DATE				AMOUNT
Full Name of Contributing Committee				
PILOTS ASSN FOR BAY & RIVER DELAWARE PAC				\$ 5,000.00
Mailing Address				
City	State	Zip Code (Plus 4)		
WASHINGTON	DC	20003	4 7 2025	

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

<b>PAGE TOTAL</b>
\$ 5,000.00



## 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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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.**

<b>PAGE TOTAL</b>	
\$	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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
BOSCOLA, LISA FRIENDS OF		From: <u>1/1/2025</u> To: <u>5/5/2025</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)			\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)			\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
BOSCOLA, LISA FRIENDS OF	From <u>1/1/2025</u> To: <u>5/5/2025</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 536.00
Lisa Boscola							
Mailing Address				4	30	2025	
City	Easton	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18042	Reimbursement for Easton Children's Home Gala & Golf			
To Whom Paid				MO	DAY	YEAR	\$ 2,000.00
Celeste Dee							
Mailing Address				4	7	2025	
City	Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18018	Feb/Mar Consulting			
To Whom Paid				MO	DAY	YEAR	\$ 2,000.00
Northampton Country Club							
Mailing Address				4	7	2025	
City	Easton	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18042	Golf Event Deposit			
To Whom Paid				MO	DAY	YEAR	\$ 125.00
NAACP Bethlehem							
Mailing Address				2	27	2025	
City	Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18016	Banquet Tix			
To Whom Paid				MO	DAY	YEAR	\$ 201.23
Andy and Penwell's Flower Shop							
Mailing Address				2	27	2025	
City	Hellertown	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18055	Flowers			
To Whom Paid				MO	DAY	YEAR	\$ 100.00
Hellertown Historical Society							
Mailing Address				2	27	2025	
City	Hellertown	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	18055	Easter Egg Sponsorship			

<b>To Whom Paid</b> Bethlehem Firefighters IAFF 735			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			2	27	2025	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018	<b>Description of Expenditure</b> Gala Ad			

<b>To Whom Paid</b> Lisa Boscola			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 386.00
<b>Mailing Address</b>			3	28	2025	
<b>City</b> Easton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18042	<b>Description of Expenditure</b> Reimbursment for Donor Dinner/fundraiser gifts			

<b>To Whom Paid</b> UNICO			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			4	22	2025	
<b>City</b> Easton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18045	<b>Description of Expenditure</b> Full Page Ad			

<b>To Whom Paid</b> Bethlehem Twsp Vol Fire Co			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 40.00
<b>Mailing Address</b>			4	22	2025	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018	<b>Description of Expenditure</b> Community Days Booth			

<b>To Whom Paid</b> LV Sports Hall of Fame			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			4	22	2025	
<b>City</b> Delaware Water Gap	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18327	<b>Description of Expenditure</b> Program Ad			

<b>To Whom Paid</b> NDHS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			4	22	2025	
<b>City</b> Easton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18042	<b>Description of Expenditure</b> Gala Tix			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 6,313.23

