

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.	30 DAY PRIMARY	POST-	3. X	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-	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2025	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	4	2025	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	6	2025		6	9	2025			
A. Amount Brought Forward From Last Report					\$ 503,036.08						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 8,500.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 511,536.08						
D. Total Expenditures (From Schedule III)					\$ 5,096.51						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 506,439.57						
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>5/6/2025</u> To: <u>6/9/2025</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)	\$ 8,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 8,500.00

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.)	\$ 8,500.00
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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 BOSCOLA, LISA FRIENDS OF	Reporting Period From: <u>5/6/2025</u> To: <u>6/9/2025</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
SAXTON & STUMP LLC PAC				6	3	2025	
Mailing Address 280 GRANITE RUN DRIVE STE 300							
City LANCASTER	State PA	Zip Code (Plus 4) 17601					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,500.00
VISTRA ENERGY LEADERS PAC OF VISTRA CORP				5	30	2025	
Mailing Address 6555 SIERRA DR, 2N-36F							
City IRVING	State TX	Zip Code (Plus 4) 75039-2479					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,500.00
PA AUTOMOTIVE ASSN PAC				5	30	2025	
Mailing Address 1925 N FRONT ST, POB 2955							
City HARRISBURG	State PA	Zip Code (Plus 4) 17102-0000					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
Vison PAC				5	30	2025	
Mailing Address 121 State St							
City Harrisburg	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
BUCHANAN INGERSOLL & Rooney				6	3	2025	
Mailing Address 600 GRANT ST 57TH FLR							
City PITTSBURGH	State PA	Zip Code (Plus 4) 152190000					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
HIGHMARK PAC OF HIGHMARK INC				6	3	2025	
Mailing Address 1800 CENTER ST							
City CAMP HILL	State PA	Zip Code (Plus 4) 17089-0000					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
PA BANKERS PUB AFFAIRS (PABPAC)						
Mailing Address 3897 N FRONT ST			6	3	2025	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110-0000				

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

PAGE TOTAL
\$ 8,000.00

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>5/6/2025</u> To: <u>6/9/2025</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Edward Nawrocki				\$ 500.00	
Mailing Address 111 Rosewood Dr	6	9	2025		
City Landsdale State PA Zip Code (Plus 4) 19446					
Employer Name St Lukes Health Network	Occupation Executive				
Employer Mailing Address/Principal Place of Business Ostrum Ave	City Bethlehem	State PA	Zip Code (Plus 4) 18107		

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

PAGE TOTAL
\$ 500.00

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>5/6/2025</u> To: <u>6/9/2025</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:
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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

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

Name of Filing Committee or Candidate	Reporting Period
BOSCOLA, LISA FRIENDS OF	From <u>5/6/2025</u> To: <u>6/9/2025</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
PA SDCC				
Mailing Address 1635 Market St	6	9	2025	\$ 5,000.00
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure	
	PA	19103	Donation	
To Whom Paid	MO	DAY	YEAR	
Verizon Wireless				
Mailing Address PO Box 660108,	5	23	2025	\$ 96.51
City Dallas	State	Zip Code (Plus 4)	Description of Expenditure	
	TX	75266	Cell Phone Service	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 5,096.51

