### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                                | <b>on</b> 940                                  | 0092        |                        |        |         | port<br>ed B |                | CANDI       | DATE     |        | соми       | <b>4ITTEE</b>      | ✓              | LOBE     | SYIST     |                |
|---|--|-------------|------------------------|--------|---------|--------------|----------------|-------------|----------|--------|------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C  | Committee, Candi                               | date or L   | obbyist:               |        | BOS     | SCOL         | A, LI          | SA FRIEN    | NDS OF   | =      |            |                    |                |          |           |                |
| Street Address:   | 1546 BARNE                                     | R COURT     | Ī                      |        |         |              |                |             |          |        |            |                    |                |          |           |                |
| City:   | BETHLEHEM<br>-                                 |             |                        |        |         |              |                | State:      | PA       |        |            | Zip Cod            | <b>de:</b> 18  | 3015     |           |                |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY                     | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE    | - 2     | 2.           | 30 DA<br>PRIMA |             | POST-    | 3.     |            | AMENDM<br>REPORT   |                | Yes      | No        | <b>\</b>       |
| (place X to<br>the right of                                   | 6TH TUESDAY<br>PRE-ELECTION                    | 4.          | 2ND FRIDAY<br>ELECTION | ' PRE  | ≣- !    | 5.           | 30 DA<br>ELECT |             | POST-    | 6.     |            | TERMINA<br>REPORT  |                | Yes      | No        | <b>\</b>       |
| report type)  | ANNUAL REPOR                                   | T 7. X      | <b>Year</b> 2009       |        |         |              |                | IG METHO    |          |        |            | PAPER              |                | <b>/</b> | DISKE     | ГТЕ            |
| Name of Office S  | ought by Candid                                | ate:        | -                      |        |         |              |                | DATE 0      | F ELE    | CTIC   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |
|   |  |             |                        |        |         |              |                | МО          | DAY      | ΥI     | EAR        |                    | STS            | DEM      | 1         | 48             |
| SENATOR IN TH   | HE GENERAL AS                                  | SEMBLY      |                        |        |         |              |                | 11          |          | 3      | 2009       |                    | (SEE IN        | STRUCTIO | ONS FOR C | ODES)          |
|   | Receipts and                                   | МО          | DAY                    | YEAR   | 2       |              |                | МО          | DAY      | Y      | EAR        | FO                 | R OFFI         | CE USE   | ONLY      |                |
| Expenditures  | from:  |             | 1 1                    | 2      | 009     | Т            | 0              | 12          |          | 31     | 2009       |                    |                |          |           |                |
| A. Amount Bro   | ught Forward Fro                               | om Last R   | eport                  |        |         |              | \$             |             |          | 172,   | 153.31     |                    |                |          |           |                |
| B. Total Moneta   | ary Contributions                              | And Rec     | eipts (From            | Sche   | dule    | eI)          | \$             |             |          |        | 34.78      |                    |                |          |           |                |
| C. Total Funds Available (Sum Of Lines A and B) \$ 172,188.09 |  |             |                        |        |         |              |                |             |          |        |            |                    |                |          |           |                |
| D. Total Expend   | ditures (From Sc                               | hedule II   | I)                     |        |         |              | \$             |             |          | 2,5    | 549.06     |                    |                |          |           |                |
| E. Ending Cash  | Balance (Subtra                                | ct Line D   | From Line C            | :)     |         |              | \$             |             |          | 169,6  | 39.03      |                    |                |          |           |                |
| F. Value Of In-   | Kind Contributio                               | ns Receiv   | ed (From Sc            | hedu   | le II   | [)           | \$             |             |          |        | 0.00       |                    |                |          |           |                |
| G. Unpaid Debt  | s And Obligation                               | s (From S   | Schedule IV            | )      |         |              | \$             |             |          |        | 0.00       |                    |                | 1        |           |                |
|   |  |             |                        | AFF    | IDA     | ٩VI          | T SE           | CTION       |          |        |            |                    |                |          |           |                |
| PART I - If this is   | s a Committee re                               | port, trea  | surer sign h           | ere.   | If th   | is is        | a Can          | ndidate re  | eport, o | andi   | date sig   | ın here.           |                |          |           |                |
| I swear (or affirm) correct and comple                        | ) that this report, in<br>ete.                 | cluding the | e attached sch         | edules | s filed | d on         | paper (        | or by elect | ronic m  | edium  | , are to t | he best o          | f my kno       | wledge a | and belie | f , true       |
| Sworn to and subs   | cribed before me the<br>day of                 | nis         | 20                     |        |         |              |                |             |          | 5      | Signature  | of Perso           | n Submit       | ting Rep | ort       |                |
|   | Signa  | :ure        |                        |        |         |              | -              |             |          |        |            | Prin               | ted Name       | •        |           |                |
| My Commission Ex  | cpires   |             |                        |        |         |              |                |             |          |        |            | Ema                | il             |          |           |                |
|   | мо   | D           | AY                     | YR     |         |              |                |             | Are      | ea Co  | le         | Daytim             | e Teleph       | one Nu   | mber      |                |
| Part II- If this is   | a report of a ca                               | ndidate's   | authorized (           | Comn   | nitte   | e, C         | andida         | ate shall   | sign he  | ere.   |            |                    |                |          |           |                |
| I swear (or affirm)<br>No 320) as amende                      |  | my knowl    | edge and belie         | f this | polit   | tical        | commi          | ittee has n | ot viola | ted ar | ıy provis  | ions of th         | e act of J     | une 3,19 | 937 (P.L. | 1333,          |
| Sworn to and subsc  |  | s           |                        |        |         |              |                |             |          |        | s          | ignature o         | of Candid      | ate      |           |                |
|   | day of<br>———————————————————————————————————— |             |                        |        |         |              | -              |             |          |        |            | Printe             | d Name         |          |           |                |
|   | Signature                                      | <u> </u>    |                        |        |         |              | -              |             |          |        |            |                    |                |          |           |                |
| My Commission Exp   | ires   |             |                        |        |         |              |                |             |          |        |            | Ema                | il             |          |           |                |
|   | МО   | D           | AY                     | YR     |         |              | •              |             | Area     | Code   |            | Da                 | aytime T       | elephon  | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting                        | g Period |              |            |  |
|--|----------------------------------|----------|--------------|------------|--|
| BOSCOLA, LISA FRIENDS OF   | From:                            | 1/1/200  | <u>9</u> To: | 12/31/2009 |  |
| 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)   | All Other Contributions (Part B) |          |              |            |  |
| 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)   |                                  |          | \$           | 0.00       |  |
| TOTAL for the Reporting  | Period                           | (3)      | \$           | 0.00       |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                                  |          |              |            |  |
| TOTAL for the Reporting  | ) Period                         | (4)      | \$           | 34.78      |  |
|  |                                  |          |              |            |  |
| 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 |                                  |          | \$           | 34.78      |  |

#### **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 Committe   | e or Candidate |       |                   | Reporting | Period |      |    |        |
|---------------------------|----------------|-------|-------------------|-----------|--------|------|----|--------|
|                           |                |       |                   | From:     |        | То   | :  |        |
|                           |                |       | '                 |           | DATE   |      |    | AMOUNT |
| Full Name of Contributing | Committee      |       |                   | мо        | DAY    | YEAR |    |        |
| Mailing Address           |                |       |                   |           |        |      | \$ | 0.00   |
| City                      |                | State | Zip Code (Plus 4) |           |        |      |    |        |

PAGE TOTAL
0.00

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

### **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.

| Name of Filing Commi     | ttee or Candidate |                   | Rep | orting P | eriod |      |    |        |
|--------------------------|-------------------|-------------------|-----|----------|-------|------|----|--------|
| From: To:                |                   |                   |     |          | o:    |      |    |        |
|                          |                   |                   |     |          | DATE  |      |    | AMOUNT |
| Full Name of Contributor | -                 |                   |     | мо       | DAY   | YEAR |    |        |
| Mailing Address          |                   |                   |     |          |       |      | \$ | 0.00   |
| City                     | State             | Zip Code (Plus 4) | )   |          |       |      |    |        |

#### **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:       |        |     | То:      |             |            |
|                                       |                      |          |             | DA     | TE  |          | A           | MOUNT      |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR     |             | 0.00       |
| Mailing Address                       |                      |          |             |        |     |          | <b>+</b> \$ | 0.00       |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |          |             |            |
|                                       |                      |          |             |        |     | <u> </u> |             |            |
|                                       |                      |          |             |        |     |          |             | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo  | lule I, Detailed Sun | nmary 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  |                    |               | Rep      | orting Pe | riod  |      |        |                    |
|--|--------------------|---------------|----------|-----------|-------|------|--------|--------------------|
|  |                    |               | Fror     | n:        |       | To   | ):     |                    |
|  |                    |               |          | D         | ATE   |      |        | AMOUNT             |
| Full Name of Contributor               |                    |               |          | мо        | DAY   | YEAR | \$     | 0.00               |
| Mailing Address                        |                    |               |          |           |       |      | 7      |                    |
| City                                   | State              | Zip Code (Plu | s 4)     |           |       |      |        |                    |
| Employer Name                          |                    | •             |          | Occupa    | tion  |      |        |                    |
| Employer Mailing Address/Principal Pla | ce of Business     | City          |          | •         | State |      | Zip Co | ode (Plus 4)       |
| Enter Grand Total of Part C on Scho    | dule I, Detailed S | Summary Page, | , Sectio | on 3.     |       | :    | \$     | PAGE TOTAL<br>0.00 |
|  |                    |               |          |           |       |      |        |                    |

## 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               |                  | Report  | ing Perio | od      |                      |    |            |
|-----------------------------|-------------------------|------------------|---------|-----------|---------|----------------------|----|------------|
| BOSCOLA, LISA FRIENDS O     | F                       |                  | From:   |           | 1/1/200 | <u>)9</u> <b>To:</b> |    | 12/31/2009 |
|                             |                         |                  |         | D         | ATE     |                      |    | AMOUNT     |
| Full Name                   |                         |                  |         | мо        | DAY     | YEAR                 | \$ | 34.78      |
| Mailing Address             |                         |                  |         |           |         |                      | 7  |            |
| City                        | State                   | Zip Code (       | Plus 4) |           |         |                      |    |            |
| Receipt Description         | •                       | •                |         |           |         |                      |    |            |
| Futor Count Total of Dout F | an Cabadula I Batailad  | . Cummunus Barra | Caatia  | 4         |         | ſ                    |    | PAGE TOTAL |
| Enter Grand Total of Part E | on Schedule 1, Detailed | Summary Page,    | Section | 4.        |         |                      | \$ | 34.78      |

#### **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>1/1/2009</u> <b>To:</b> | 12/31/2009 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                            |            |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 44.00      |
| 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, 1 |                  | \$                         | 44.00      |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Can | didate               |                        | Reporting Period |         |      |             |            |      |
|---------------------------------|----------------------|------------------------|------------------|---------|------|-------------|------------|------|
|                                 |                      |                        | From:            |         |      | To          | :          |      |
|                                 |                      |                        |                  | DATE    |      |             | AMOUNT     |      |
| Full Name of Contributor        |                      |                        | МО               | DAY     | YEAR |             |            |      |
| Mailing Address                 |                      |                        |                  |         |      | <b>7</b> \$ |            | 0.00 |
| City                            | State                | Zip Code (Plus 4)      |                  |         |      |             |            |      |
| Description of Contribution:    | •                    | •                      | •                | •       |      | ·           |            |      |
|                                 |                      |                        |                  |         | -    |             |            |      |
| Enter Grand Total of Part F or  | n Schedule II, In-Ki | nd Contributions Detai | led Sun          | mary Pa | ge,  |             | PAGE TOTAL | -    |
| Section 2.                      |                      |                        |                  |         |      | \$          |            | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Rep    | orting | Period       |       |      |                     |      |
|---|------------------|------|------------------|--------|--------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro    | m:     |              | To:   |      |                     |      |
|   |                  |      |                  |        |        | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |        | мо     | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |        |        |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |        |        |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |        | Occup  | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | V                | State  | e Zip  | Code(Plus 4) | Descr | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | Contributions De | etaile | ed     |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | ,                |      |                  |        |        |              |       |      |                     | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | ee or Candidate Reporting Period |          |     |            |  |
|---------------------------------------|----------------------------------|----------|-----|------------|--|
| BOSCOLA, LISA FRIENDS OF              | From                             | 1/1/2009 | То: | 12/31/2009 |  |

|  |            |                   |         | DATE        |           |          | AMOUNT |
|--|------------|-------------------|---------|-------------|-----------|----------|--------|
| To Whom Paid                               |            |                   | МО      | DAY         | YEAR      |          |        |
| ARTS QUEST                                 |            |                   | 140     |             | 1 Z / LIK |          |        |
| Mailing Address 25 W THIRD                 | ST STE 300 |                   | 12      | 3           | 2009      | \$       | 203.52 |
| City BETHLEHEM                             | State      | Zip Code (Plus 4) | Descrip | tion of Exp | enditure  |          |        |
|  | PA         | 18015             | HOLIDA  | Y TINS      |           |          |        |
| To Whom Paid                               |            |                   | мо      | DAY         | YEAR      |          |        |
| LEVIN PROMOTION PRODUCTS                   |            |                   | 140     |             | ILAK      |          |        |
| Mailing Address 3301-C HOFF                | MAN ST     |                   | 12      | 3           | 2009      | \$       | 598.26 |
| City HARRISBURG                            | State      | Zip Code (Plus 4) | Descrip | tion of Exp | enditure  |          |        |
|  | PA         | 17110             | MAGNE   | TIC CALEN   | IDARS     |          |        |
| To Whom Paid                               |            |                   | мо      | DAY         | YEAR      |          |        |
| POSTMASTER GENERAL                         |            |                   | 140     |             | ILAK      |          |        |
| Mailing Address LV RETAIL UN               |            |                   | 12      | 3           | 2009      | \$       | 370.00 |
| City BETHLEHEM                             | State      | Zip Code (Plus 4) | Descrip | tion of Exp | enditure  |          |        |
|  | PA         | 18002             | BULK PI | ERMITS FE   | Ε         |          |        |
| To Whom Paid                               |            |                   | МО      | DAY         | YEAR      |          |        |
| TN (ILLEGIBLE) & HALL OF FAME              | <u> </u>   |                   | МО      | DAT         | TEAR      |          |        |
| Mailing Address 20 FAIRVIEW                | AVENUE     |                   | 12      | 14          | 2009      | \$       | 50.00  |
| City WIND GAP                              | State      | Zip Code (Plus 4) | Descrip | tion of Exp | enditure  |          |        |
|  | PA         | 18091             | AD      |             |           |          |        |
| To Whom Paid                               |            |                   | мо      | DAY         | YEAR      |          |        |
| LWV NORTHAMPTON CTY                        |            |                   | MO      | DAI         | ILAK      |          |        |
| Mailing Address PO BOX 523                 |            |                   | 12      | 14          | 2009      | \$       | 50.00  |
| City BETHLEHEM                             | State      | Zip Code (Plus 4) | Descrip | tion of Exp | enditure  |          |        |
|  | PA         | 18016             | DUES    |             |           |          |        |
| To Whom Paid                               |            |                   | МО      | DAY         | YEAR      |          | ·      |
| MCDEM COMMITTEE                            |            |                   | INO     |             | ILAK      |          |        |
| Mailing Address RR #4 BOX 4                | 876A       |                   | 12      | 14          | 2009      | \$       | 100.00 |
| City EAST STROUDSBURG State Zip Code (Plus |            |                   |         | tion of Exp | enditure  | <u> </u> |        |
|  | PA         | 18302             | CALEND  | AR SPONS    | SOR       |          |        |
|  |            | •                 | •       |             |           |          |        |

| To Whom Paid                        |                  |                       | мо                                      | DAY                        | YEAR |            |          |
|-------------------------------------|------------------|-----------------------|---|----------------------------|------|------------|----------|
| MEGHAN COURSEN                      |                  |                       | МО                                      | DAT                        | TEAR |            |          |
| Mailing Address 325 E UNION BLVD    |                  |                       | 12                                      | 16                         | 2009 | \$         | 52.69    |
| City BETHLEHEM                      | State            | Zip Code (Plus 4)     | Description of Expenditure              |                            |      |            |          |
|                                     | PA               | 18018                 | REIMBURSEMENT CAMERA BATTERY & SUPPLIES |                            |      |            |          |
| To Whom Paid POSTMASTER GENERAL     |                  |                       | мо                                      | DAY                        | YEAR |            |          |
| Mailing Address LV RETAIL UNIT      |                  |                       | 12                                      | 16                         | 2009 | \$         | 200.00   |
| City BETHLEHEM                      | State            | Zip Code (Plus 4)     | Description of Expenditure              |                            |      |            |          |
|                                     | PA               | 18002                 | POSTAGE-MAIL CALENDARS                  |                            |      |            |          |
| To Whom Paid LISA BOSCOLA           |                  |                       | мо                                      | DAY                        | YEAR |            |          |
| Mailing Address 385 PALMETTA DR     |                  |                       | 12                                      | 16                         | 2009 | \$         | 211.99   |
| City EASTON                         | State            | Zip Code (Plus 4)     | Descript                                | Pescription of Expenditure |      |            |          |
|                                     | PA               | 18042                 | PURCHASE FAX/COPIER REIMBURSEMENT       |                            |      |            |          |
| To Whom Paid THE MELTING POT        |                  |                       | МО                                      | DAY                        | YEAR |            |          |
| Mailing Address 1 EAST BROAD STREET |                  |                       | 12                                      | 21                         | 2009 | \$         | 712.60   |
| City BETHLEHEM                      | State            | Zip Code (Plus 4)     | Description of Expenditure              |                            |      |            |          |
|                                     | PA               | 18018                 | CAMPAIGN STRATEGY DINNER                |                            |      |            |          |
|                                     |                  |                       |   |                            |      | PAGE TOTAL |          |
| Enter Grand Total of Expenditures   | on Page 1, Repoi | rt Cover Page, Item D | •                                       |                            |      | \$         | 2,549.06 |