

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Sheriff Russell J. Bono</i>	Filer Identification Number
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Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
<i>Paul Torretta</i>	<i>10</i>	<i>23</i>	<i>15</i>
Mailing Address <i>1630 Sandy Hill Rd.</i>	Amount \$ <i>2000</i>		
City <i>Plymouth Meeting</i> State <i>PA</i> Zip Code (Plus 4) <i>19462</i>			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			

Name of Person Submitting Report: _____ Date of Report: _____

Contact Phone Number: _____

Email Address: _____