

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Karen Gield Sanchez</i>	Filer Identification Number
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		DATE RECEIVED		
Full Name of Contributor <i>Michael P + Pamela E. Clarke</i>		MO <i>10</i>	DAY <i>28</i>	YEAR <i>2015</i>
Mailing Address <i>506 lantern lane</i>		Amount \$ <i>500</i>		
City <i>Phila</i> State <i>PA</i> Zip Code (Plus 4) <i>19128</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)				
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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: *Karen Sanchez* Date of Report: *10-29-15*
 Contact Phone Number: *267-415-1199*
 Email Address: *Sanchez4montco@gmail.com*