LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate	Friends of Joe Gale		Filer Identification Number				
				DATE RECEIVED			
Full Name of Contributor				DN	LYPYS S		
Citizens Alliance of PA PAC Mailing Address	<u> </u>		10	20	2015	┵	
P.O. Box 6726			Amount \$	4,500.00			
City Harrisburg, PA 17112-0726	State	Zip Code (Plus 4)				1	
Full Name of Contributor				DV			
Mailing Address	" -		Amount \$	<u>- I ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- </u>	<u>!</u>	┵╉	
City	State	Zip Code (Plus 4)	Amounts				
Full Name of Contributor				as EDSV 3 sas	P494897		
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Amount \$		<u> </u>	+	
City	State	Zip Code (Plus 4)	Amount			7	
Full Name of Contributor		_		Diversion		Commercial Residence Commercial Residence	
Mailing Address				J	<u> </u>	- 	
City	State	Zip Code (Plus 4)	Amount \$			\dashv	
Full Name of Contributor			Mokas S	DAGE SEE	5043		
Mailing Address			Amount \$				
City	State	Zip Code (Plus 4)		·		\exists	
Full Name of Contributor			E.O.		Martin de Martin	- 1 a	
Mailing Address					<u> </u>	┷┨-	
City	State	Zip Code (Plus 4)	Amount \$				
City	State	Zip Code (1 lus 4)					
Full Name of Contributor			NAOZ PAREZ	00.5286428	e energi		
Mailing Address			Amount S				
City	State	Zip Code (Plus 4)	Amount				
Full Name of Contributor			/MOE ALEXA		22.00		
Mailing Address				<u> </u>		4	
City	State	te Zip Code (Plus 4)			irum Hari	\dashv	
Name of Person Submitting Repor	Joe Gale t:		Date of R	1000	.⇒ ⁄2015		
Contact Phone Number:	484-941-1202	-					
Email Address:	josephgale@comca	st.net					