

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate Friends of Joe Gale	Filer Identification Number
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			DATE RECEIVED			
Full Name of Contributor	MO	DAY	YEAR			
Citizens Alliance of PA PAC	10	20	2015			
Mailing Address P.O. Box 6726			Amount \$ 4,500.00			
City Harrisburg, PA 17112-0726	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)				
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: Joe Gale

Contact Phone Number: 484-941-1202

Email Address: josephgale@comcast.net

Date of Report: 10/20/2015