

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate Friends of Karen Geld Sanchez	Filer Identification Number
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		DATE RECEIVED		
Full Name of Contributor Friends of Jason Salus		MO 10	DAY 22	YEAR 2015
Mailing Address PO Box 1214		Amount \$ 2500.00		
City Norastown	State PA	Zip Code (Plus 4) 19404		
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: Karen Sanchez Date of Report: 10-22-15

Contact Phone Number: 267-415-1199

Email Address: sanchez4montco@gmail.com