

## LATE CONTRIBUTIONS – 24 HOUR REPORT

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