

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	MO	DAY	YEAR	
Barry Cohen	10	21	2015	
Mailing Address 11 Riverside Drive Apt 5NW		Amount \$ 500		
City New York State NY Zip Code (Plus 4) 10023				
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: 10-21-15

Contact Phone Number: 267-415-1199

Email Address: Sanchez4montico@gmail.com