

LATE CONTRIBUTIONS – 24 HOUR REPORT

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

Contact Phone Number: 484-941-1202

Email Address: josephgale@comcast.net