LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate	Filer Identificati	Filer Identification Number					
			<u> </u>	DA	TE REC	EIVED	
Full Name of Contributor			100	ya czayt			
Citizens Alliance of PA PAC				2	0	2015	
Mailing Address P.O. Box 6726			Amou	4.50	90.00		
City Harrisburg, PA 17112-0726	State	Zip Code (Plus 4)	Amor	int 3 No.	-		
Full Name of Contributor						Se Au	and the second
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Mailing Address							
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Mailing Address				6			
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Mailing Address						<u> </u>	
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Mailing Address			Amour	11.5	*****	3	
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	Ina Cal-				10/20/	() 1016	
Name of Person Submitting Report	rt:		Date	e of Repo	rt: <u>10/20/</u>		
Contact Phone Number:	484-941-1202						
	josephgalc@com	icast.net					
Email Address:	100-1Barrelan-com						