LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate	sell I. B	ons	Filer Identification Number
			DATE RECEIVED
Full Name of Contributor			MO DAY YEAR
Paul TORNETTA Mailing Address			10 23 IS
1630 BANLY Hill P.			Amount's Zeer
Mailing Address 1630 9 Andy Hill R.City Plymath Meeting Entl Samo of Control	State	Zip Code (Plus 4)	Throate 3
Full Name of Contributor		19462	MO
			MO YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	Amount \$
Full Name of Contributor			
			MO DAY YEAR
Mailing Address			
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Full Name of Contributor		zap Code (11ds 4)	
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			Amount \$
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Mailing Address			
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			MO DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	Amount \$
Full Name of Centributor			
			MO DAY YEAR
Mailing Address			
City	State	72	Amount \$
	-//4/1	Zip Code (Plus 4)	
Name of Person Submitting Report:			
			Date of Report:
Contact Phone Number:			
mail Address:			