## LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate	_		Filer Identification Numb	er	1	
COMMITTIES TO E	EVECT Tom	ZIFFEL	DATE RECEIVED			
Full Name of Contributor			МО		EAR .	
FITZPATRICK FOX	CONCERTS		10		2015	
Mailing Address					3073	
City	State	Zip Code (Plus 4)	Amount \$			
LANGHORNE	<u> </u>	19047	301	) 1900 - Sandan Sandari (1900)	ne trope e sant. S	
Full Name of Contributor			MO	DAY	EAR	
Mailing Address						
City	State	Zip Code (Plus 4)	Amount \$			
			Form to the second	La compression de la Cal		
Full Name of Contributor			<b>MO</b> 10 12/46	DAY	EAR	
Mailing Address	•		A	1		
City	State	Zip Code (Plus 4)	Amount \$			
Full Name of Contributor			MO San Come	DAY Y	EAR	
Mailing Address			Amount \$			
City	State	Zip Code (Plus 4)	111100110	<b>(</b>		
Full Name of Contributor			MO		EAR **	
Mailing Address			Amount \$	i s		
City	State	Zip Code (Plus 4)		3000		
Full Name of Contributor			МО		EAR	
Mailing Address			Amount \$	ÞΦ		
City	State	Zip Code (Plus 4)				
Full Name of Contributor			M0% 25003	DAY	EAR	
Mailing Address			Amount \$			
City	State	Zip Code (Plus 4)				
Full Name of Contributor		a . 11 <del>- 1</del> 10 a	MO	DAY	EAR Sys	
Mailing Address						
City	State	Zip Code (Plus 4)	Amount \$			
City	Giate	Zip Code (Fida 4)				
an all to the	. — -	h=6.	D-to -CD		1 ]	
Name of Person Submitting Rep	_			eport:	128/17	
Contact Phone Number:	(267) 26	1-4529				
Email Address:	TZIFEL1	5 C GHAIL. C	ort .			