

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Governor Robert T. Bonta</i>	Filer Identification Number
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Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
<i>John I MacLachlan</i>	<i>10</i>	<i>28</i>	<i>15</i>
Mailing Address <i>1617 Montgomery Ave</i>	Amount \$ <i>1000</i>		
City <i>Williamsport</i> State <i>PA</i> Zip Code (Plus 4) <i>17705</i>			
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)			
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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: *John Cullen* Date of Report: *10/28/15*

Contact Phone Number: *610-275-3110*

Email Address: *Cullen@macallan.com*