

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate FRIENDS of Bob Donchez	Filer Identification Number
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		DATE RECEIVED		
Full Name of Contributor		MO	DAY	YEAR
ALLAN + TINA DABROW		5	17	13
Mailing Address		Amount \$ 250.00		
City	State	Zip Code (Plus 4)		
Philadelphia	PA	19103		
Full Name of Contributor		5	17	13
MARK C PEPTONE (INVESTGATE MALL)		Amount \$ 1,000.00		
Mailing Address				
2285 SHOENERSVILLE RD STE 210				
City	State	Zip Code (Plus 4)		
BETHLEHEM	PA	18017-7450		
Full Name of Contributor				
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor				
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor				
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor				
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor				
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor				
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		

Name of Contributor: [REDACTED]

Contact: [REDACTED]

Email: [REDACTED]