

# LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate <b>FRIENDS OF MIKE SCHWANE</b>	Filer Identification Number
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Full Name of Contributor				DATE RECEIVED			
				MO	DAY	YEAR	
<b>CHARLIE DENT FOR CONGRESS</b>				<b>5</b>	<b>14</b>	<b>2013</b>	
Mailing Address <b>P.O. BOX 442</b>				Amount \$			
City <b>ALLEGHTON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18105-0442</b>		<b>\$1,500</b>			
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)					
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: MICHAEL P. SCHWANE      Date of Report: 5/15/13  
 Contact Phone Number: 610-844-4314  
 Email Address: MSCHWANE@VERIZON.NET