LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate FRIENDS OF MIXE	SCHWA	475	Filer Identificati	er Identification Number					
				J	DATE REC	CEIVED		_	
Full Name of Contributor	:		МО	T. 78-3454	DAY	YEAR			
CHARLIE DENT	For C	ひょっこのと		5	14	201	3		
Mailing Address P.O. box 442		Zip Code (Plus 4)	Amou	ant \$					
City AUGINOU &	State PA	* 1	\$ 1,500						
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·	k.'	Zap Coue (Flus 4)							
Name of Person Submitting Report: _	MICH	AEL P. SCHWA	LE Date	e of Re	port:	5/15	/13		
Contact Phone Number:									
Email Address:	MSON	1844-4314 MARKE VERIZO	r. Not						