Hanna, Joseph Late contributions - 24 Hour REPORT

Name of Filing Committee or Candidate			-Eller Ide	aun'y	"Sher	it+'	_
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Fill Name of Contributor (ENICH CONT)	lican (o	mmitte		10	26	15	
Mailing Adolfess Hamilton	SH			Amount \$	1000	.00],
City Allentown	State 0 9	Zip Code (Plus 4)		(Ink	ind.) G.O.	71
Full Name of Contributor		,					
Mailing Address				Amount \$		<u> </u>	
City	State	Zip Code (Plus 4)					
Full Name of Contributor				F3. (6.5)			
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				M. P. T.			
Mailing Address				Amount \$			
City	State	Zip Code (Plus 4)					
Full Name of Contributor				1. (a) 1. (a) 1. (b) 1. (c) 1			
Mailing Address				Amount \$			
City	State	Zip Code (Plus 4)					
Full Name of Contributor					OAV		
Mailing Address				Amount \$			
City	State	Zip Code (Plus 4)					
Full Name of Contributor				V(020) 7551			
Mailing Address				Amount \$			
City	State	Zip Code (Plus 4)					_
Name of Person Submitting Report:				_ Date of R	eport:		_
Contact Phone Number:				_			
Email Address:							