

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate JOHN DONCHES 4 COMMISSIONER	Filer Identification Number
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Full Name of Contributor			DATE RECEIVED			
RESTORE PA			5	10	2017	
Mailing Address c/o P.O. Box 4464			Amount \$ 2,455.19			
City ALLENTOWN	State PA	Zip Code (Plus 4) 18105-4464				
Full Name of Contributor						
Mailing Address						
City						
State						
Zip Code (Plus 4)						
Full Name of Contributor						
Mailing Address						
City						
State						
Zip Code (Plus 4)						
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Mailing Address						
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Full Name of Contributor						
Mailing Address						
City						
State						
Zip Code (Plus 4)						
Full Name of Contributor						
Mailing Address						
City						
State						
Zip Code (Plus 4)						

Name of Person Submitting Report: *John Donches* Date of Report: *07/10/17*

Contact Phone Number: *484-358-1823*

Email Address: *Donches.John@gmail.com*