

# LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>		Filer Identification Number	
Full Name of Contributor		DATE RECEIVED	
<i>Area 1 GOP</i>		<i>10</i>	<i>28</i>
Mailing Address		Amount \$	
<i>4208 Geryville Pike</i>		<i>500.00</i>	
City	State	Zip Code (Plus 4)	
<i>Pennsburg</i>	<i>PA</i>	<i>18073</i>	
Full Name of Contributor		Amount \$	
Mailing Address		Amount \$	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		Amount \$	
Mailing Address		Amount \$	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		Amount \$	
Mailing Address		Amount \$	
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Full Name of Contributor		Amount \$	
Mailing Address		Amount \$	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		Amount \$	
Mailing Address		Amount \$	
City	State	Zip Code (Plus 4)	

Name of Person Submitting Report: *Stewart J. Greenleaf, Jr.*  
 Contact Phone Number: *215-977-1000*  
 Email Address: \_\_\_\_\_

OFFICE OF  
 OTHER SERVICES  
 MONITORING, PA  
 Date of Report: *10/28/11*  
 2011 OCT 29 A 10:43  
**RECEIVED**

# LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <u>Friends of Stewart Greenleaf</u>	Filer Identification Number
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			DATE RECEIVED		
MO	DAY	YEAR			
Full Name of Contributor <u>Eric B. Smith</u>			10	28	2011
Mailing Address <u>40 E. Airy Street</u>			Amount \$ <u>500.00</u>		
City <u>Norristown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19404-0671</u>	MO	DAY	YEAR
Full Name of Contributor			Amount \$		
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)	MO	DAY	YEAR
Full Name of Contributor			Amount \$		
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)	MO	DAY	YEAR
Full Name of Contributor			Amount \$		
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)	MO	DAY	YEAR
Full Name of Contributor			Amount \$		
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)	MO	DAY	YEAR
Full Name of Contributor			Amount \$		
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)	MO	DAY	YEAR
Full Name of Contributor			Amount \$		
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)	MO	DAY	YEAR
Full Name of Contributor			Amount \$		
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)	MO	DAY	YEAR

Name of Person Submitting Report: Stewart J. Greenleaf, Jr.

Contact Phone Number: 215-977-1000

Email Address: \_\_\_\_\_

Date of Report: 10/29/2011

2011 OCT 29 A 11: 10:29 AM

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VOTING PAPERS

# LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Filer Identification Number
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Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
<i>Republican Party of Pennsylvania</i>	<i>10</i>	<i>29</i>	<i>2011</i>
Mailing Address <i>112 State Street</i>	Amount \$ <i>8770.31</i>		
City <i>Harrisburg</i> State <i>PA</i> Zip Code (Plus 4) <i>17101</i>			
Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
<i>Republican Party of Pennsylvania</i>	<i>10</i>	<i>29</i>	<i>2011</i>
Mailing Address <i>112 State Street</i>	Amount \$ <i>8671.88</i>		
City <i>Harrisburg</i> State <i>PA</i> Zip Code (Plus 4) <i>17101</i>			
Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			
Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			
Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			
Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			
Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			

Name of Person Submitting Report: *Stewart Greenleaf, Jr.*

Contact Phone Number: *215-977-1000*

Email Address: \_\_\_\_\_

RECEIVED  
 2011 OCT 31 A 9  
 OFFICE OF  
 VOTER SERVICES  
 MONROE CO. PA