

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate COMMITTEE TO ELECT Tom ZIFFEL	Filer Identification Number
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				DATE RECEIVED			
Full Name of Contributor FITZPATRICK FOR CONGRESS				MO 10	DAY 27	YEAR 2015	
Mailing Address P.O. BOX 185				Amount \$			
City LANGHORNE	State PA	Zip Code (Plus 4) 19047		\$ 500			
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: Tom ZIFFEL Date of Report: 10/28/15

Contact Phone Number: (267) 261-4529

Email Address: TZIFFEL15@GMAIL.COM