

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of School Russell J. Bone</i>	Filer Identification Number
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Full Name of Contributor			DATE RECEIVED				
			MO	DAY	YEAR		
<i>PA Pasture Fund</i>			<i>10</i>	<i>29</i>	<i>15</i>		
Mailing Address <i>PO Box 6128</i>			Amount \$ <i>15,000</i>				
City <i>Harrisburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17112</i>					
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)					
Full Name of Contributor			MO	DAY	YEAR		
Mailing Address			Amount \$				
City	State	Zip Code (Plus 4)					

Name of Person Submitting Report: *Steph Collins* Date of Report: *10/29/15*

Contact Phone Number: *610-275-4110*

Email Address: *Collins.steph@pa.gov*