

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Tolbert For County Commissioner</i>	Filer Identification Number
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		DATE RECEIVED		
Full Name of Contributor	MO	DAY	YEAR	
<i>Philip Scott Rosenburg</i>	<i>10</i>	<i>20</i>	<i>15</i>	
Mailing Address <i>1230 Old Gulph Rd.</i>		Amount \$ <i>1000</i>		
City <i>Bryn Mawr</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19010</i>		
<i>Douglas Lurie</i>	<i>10</i>	<i>20</i>	<i>15</i>	
Mailing Address <i>222 Drumm Pl.</i>		Amount \$ <i>500</i>		
City <i>Maria Station</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19066</i>		
<i>Jeffrey Markes</i>	<i>10</i>	<i>20</i>	<i>15</i>	
Mailing Address <i>239 Windy Way</i>		Amount \$ <i>1000</i>		
City <i>Maria Station</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19066</i>		
<i>MARC Felgouse</i>	<i>10</i>	<i>20</i>	<i>15</i>	
Mailing Address <i>7039 Gheith Ln</i>		Amount \$ <i>1000</i>		
City <i>Fort Washington</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19034</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)		

Name of Person Submitting Report: *Susan Cullen* Date of Report: *10/20/15*

Contact Phone Number: *610-275-2110*

Email Address: *Cullen@CullenCullen.com*