

LATE CONTRIBUTIONS - 24 HOUR REPORT

| | |
|---|-----------------------------|
| Name of Filing Committee or Candidate Friends of Karen Geld Sanchez | Filer Identification Number |
|---|-----------------------------|

| | | DATE RECEIVED | | |
|---|----|----------------------|------|--|
| Full Name of Contributor | MO | DAY | YEAR | |
| Barry Cohen | 10 | 21 | 2015 | |
| Mailing Address 11 Riverside Drive Apt 5NW | | Amount \$ 500 | | |
| City New York State NY Zip Code (Plus 4) 10023 | | | | |
| 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: Karen Sanchez Date of Report: 10-21-15

Contact Phone Number: 267-415-1199

Email Address: Sanchez4montco@gmail.com