

610 377 3174
610 997 5738

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Michael Recchiuti</i>	Filer Identification Number
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Full Name of Contributor	DATE RECEIVED			Amount \$
	MO	DAY	YEAR	
<i>Lewis D. Ronca</i>	<i>5</i>	<i>18</i>	<i>15</i>	<i>1,000.00</i>
Mailing Address <i>179 Mikron Rd</i>				
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18020</i>		
Full Name of Contributor				
Mailing Address				
City	State	Zip Code (Plus 4)		Amount \$
Full Name of Contributor				
Mailing Address				
City	State	Zip Code (Plus 4)		Amount \$
Full Name of Contributor				
Mailing Address				
City	State	Zip Code (Plus 4)		Amount \$
Full Name of Contributor				
Mailing Address				
City	State	Zip Code (Plus 4)		Amount \$
Full Name of Contributor				
Mailing Address				
City	State	Zip Code (Plus 4)		Amount \$
Full Name of Contributor				
Mailing Address				
City	State	Zip Code (Plus 4)		Amount \$
Full Name of Contributor				
Mailing Address				
City	State	Zip Code (Plus 4)		Amount \$



Date of Report: 5/18/15