LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate	ONG 4 FXECU-	TIVE Filer	Identification Num	ber			1
	2.0 0,00			DATE REC	CEIVED		J
Full Name of Contributor		D . C .		HUE	YEAR	Т	1
BuiLERMAKERS	LOCAL NO. 13	HAC TUND	5	5	2017		
Mailing Address 2300 NEW	FALLC RD.		Amount \$ 5	00.00		!	T
City NEWPORTVILLE	State PA.	Zip Code (Plus 4) 19056-3235					1
Full Name of Contributor		11030 3033		DKY	WAR		
Mailing Address			A				┢
City	State	Zip Code (Plus 4)	Amount \$				
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City	State	Zip Code (Plus 4)	Amount \$		<u></u>	_	
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City	State	Zip Code (Plus 4)	Amount \$				
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Full Name of Contributor			250	DAY	1000		
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Evil Name of Contain							
Full Name of Contributor			100	DAY	YEAR		
Mailing Address			Amount \$			┧	
City	State	Zip Code (Plus 4)					
Name of Person Submitting Repo	rt: Dennis d	A Shoulay TREAS.	Date of Re	port: <u></u>	8-201		
Contact Phone Number:	610-770	-0729					
Email Address:	chuck 34	729@MSN. COM					