

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate ARMSTRONG EXECUTIVE	Filer Identification Number
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Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
SEIU HEALTHCARE PA COPE	11	2	2017
Mailing Address 1500 N. 2ND STREET, SUITE 12	Amount \$ 2500.⁰⁰		
City HARRISBURG State PA. Zip Code (Plus 4) 17102			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City			
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Mailing Address	Amount \$		
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Mailing Address	Amount \$		
City			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City			

RECEIVED
2017 NOV -3 AM 10:50
ELECTION BOARD
OF LEHIGH COUNTY

Name of Person Submitting Report: **Dennis J. Shulley TREAS.** Date of Report: **11-3-2017**

Contact Phone Number: **610-770-0729**

Email Address: **Chuck34729@msn.com**