

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate: **Committee to Elect Carl Anderson** Filer Identification Number: _____

	DATE RECEIVED			
Full Name of Contributor Douglas McCormick				
Mailing Address 4820 HIGH Highview Blvd.	05	05	2021	
City Erie State PA Zip Code (Plus 4) XXXX 16509	Amount \$ 1,000.00			
Full Name of Contributor DATE R McBRER				
Mailing Address 144 HOLLY DR	05	04	2021	
City FAIRVIEW State PA Zip Code (Plus 4) 16015	Amount \$ 2,500.00			
Full Name of Contributor				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributor				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributor				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributor				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributor				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributor				
Mailing Address				
City				
State				
Zip Code (Plus 4)				

Name of Person Submitting Report: **Jeffrey A. Misko** Date of Report: **5/5/2021**

Contact Phone Number: **814-866-1415**

Email Address: **jmisko@gmail.com**