

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Mary SchAAF</i>	Filer Identification Number
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Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
<i>Christiane English</i>	<i>10</i>	<i>28</i>	<i>2019</i>
Mailing Address <i>1050 Overlook Drive</i>	Amount \$ <i>500.00</i>		
City <i>erie</i> State <i>PA</i> Zip Code (Plus 4) <i>16507</i>			
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)			
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Mailing Address	Amount \$		
City State Zip Code (Plus 4)			
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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: *Mary E. SchAAF* Date of Report: *10/29/19*
 Contact Phone Number: *814 481-6367*
 Email Address: *mschAAF@eriecountpa.gov*