

# LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Kathy Dahlkemper</i>	Filer Identification Number
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Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
<i>JENNIFER ESPER</i>	<i>11</i>	<i>03</i>	<i>2017</i>
Mailing Address <i>INFORMATION REQUESTED</i>	Amount \$ <i>1,000.00</i>		
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)			
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)			
Full Name of Contributor	MO	DAY	YEAR
Mailing Address	Amount \$		
City State Zip Code (Plus 4)			

2017 NOV -6 PM 4:29  
 BERK COUNTY  
 VOTER REGISTRATION  
 CITY

Name of Person Submitting Report: *Elizabeth A. Allen* Date of Report: *11/06/2017*  
 Contact Phone Number: *814-440-0089*  
 Email Address: *luzere@qoc.com*