

# LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Lisa Ferrick</i>		Filer Identification Number	
<b>DATE RECEIVED</b>			
Full Name of Contributor <i>Alyson Cohen</i>	MO <i>11</i>	DAY <i>06</i>	YEAR <i>2017</i>
Mailing Address <i>5861 Emily Rd</i>		Amount \$ <i>650.00</i>	
City <i>Bettendorf,</i>	State <i>IA</i>	Zip Code (Plus 4) <i>52722</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)	
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  
 RECEIVED  
 REGISTRATION  
 KA

Name of Person Submitting Report: *Lynne A Mowris*      Date of Report: *11/6/17*

Contact Phone Number: *814 823 1591*

Email Address: *lbmowris@aol.com*