

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate		Filer Identification Number	
Campaign to Elect Jeff Baltimore			
		DATE RECEIVED	
Full Name of Contributor	MO	DAY	YEAR
CPBCT PAC	05	12	2015
Mailing Address	Amount \$		
P.O. Box 341	500.00		
City	State	Zip Code (Plus 4)	
Harrisburg	PA	17108	
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)	

Name of Person Submitting Report:

Jeffrey A. Baltimore

Date of Report:

5/13/2015

Contact Phone Number:

717 421 5327

Email Address:

labmcke@comcast.net