

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate FRIENDS OF JIM McHALE			Filer Identification Number		
					DATE RECEIVED
Full Name of Contributor MICHAEL F. FEENEY			10	28	2015
Mailing Address 625 N. 4TH ST.			Amount \$ 2,600		
City READING	State PA	Zip Code (Plus 4) 19601-2824			
Full Name of Contributor					
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor					
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor					
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor					
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor					
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor					
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			

Name of Person Submitting Report: JOSEPH P. KELLEHER, TREASURER Date of Report: 10/29/15

Contact Phone Number: (610) 823-0282

Email Address: JOEKELL@COMCAST.NET