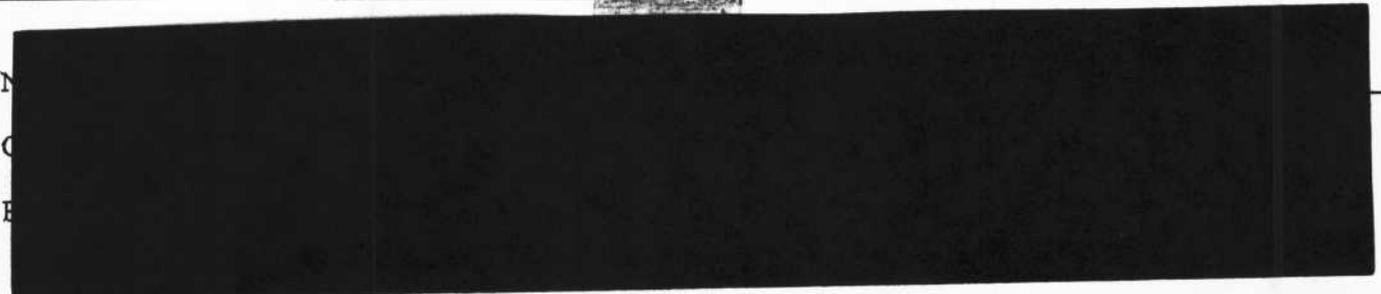


### LATE CONTRIBUTIONS - 24 HOUR REPORT

|   |                             |
|---|-----------------------------|
| Name of Filing Committee or Candidate<br><b>FRIENDS OF B.B. Donchez</b> | Filer Identification Number |
|---|-----------------------------|

| Full Name of Contributor   | DATE RECEIVED |                   |           | Amount \$     |
|--|---------------|-------------------|-----------|---------------|
|  | MO            | DAY               | YEAR      |               |
| <b>WILLIAM + MELISSA RHODES</b>  | <b>5</b>      | <b>18</b>         | <b>13</b> | <b>250.00</b> |
| Mailing Address <b>22 COLLEGE AVE</b>                                    |               |                   |           |               |
| City <b>HAVRFORD</b> State <b>PA</b> Zip Code (Plus 4) <b>19041-1129</b> |               |                   |           |               |
| Full Name of Contributor   | MO            | DAY               | YEAR      | Amount \$     |
| Mailing Address  |               |                   |           | Amount \$     |
| City   | State         | Zip Code (Plus 4) |           |               |
| Full Name of Contributor   | MO            | DAY               | YEAR      | Amount \$     |
| Mailing Address  |               |                   |           | Amount \$     |
| City   | State         | Zip Code (Plus 4) |           |               |
| Full Name of Contributor   | MO            | DAY               | YEAR      | Amount \$     |
| Mailing Address  |               |                   |           | Amount \$     |
| City   | State         | Zip Code (Plus 4) |           |               |
| Full Name of Contributor   | MO            | DAY               | YEAR      | Amount \$     |
| Mailing Address  |               |                   |           | Amount \$     |
| City   | State         | Zip Code (Plus 4) |           |               |
| Full Name of Contributor   | MO            | DAY               | YEAR      | Amount \$     |
| Mailing Address  |               |                   |           | Amount \$     |
| City   | State         | Zip Code (Plus 4) |           |               |
| Full Name of Contributor   | MO            | DAY               | YEAR      | Amount \$     |
| Mailing Address  |               |                   |           | Amount \$     |
| City   | State         | Zip Code (Plus 4) |           |               |



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