

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate <i>CAROL RITHE</i>	Filer Identification Number
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Full Name of Contributor	DATE RECEIVED		
	MO	DAY	YEAR
<i>FRIENDS OF BRYAN CALLAHAN</i>	<i>5</i>	<i>11</i>	<i>2019</i>
Mailing Address <i>633 MAIN ST</i>	Amount \$ <i>4,000.00</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18018</i>	
<i>DAVID RONCA</i>	<i>5</i>	<i>11</i>	<i>2019</i>
Mailing Address <i>276 E. MACADA RD</i>	Amount \$ <i>500.00</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017-2534</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)	

Name of Person Submitting Report: *CAROL RITHE* Date of Report: *5/13/2019*

Contact Phone Number: *610 442-4545*

Email Address: *tellkids@aol.com*