

## LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate <i>Friends of Laura Dennis</i>	Filer Identification Number <i>20210033</i>
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				DATE RECEIVED		
Full Name of Contributor	MO	DAY	YEAR			
<i>William Amzalone - Amzalone Law Offices LLC</i>	<i>05</i>	<i>07</i>	<i>2021</i>			
Mailing Address <i>98 S. Franklin Street</i>	Amount \$ <i>2,500.00</i>					
City <i>Wilkes-Barre</i>	State <i>PA</i>		Zip Code (Plus 4) <i>18701</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)			
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Full Name of Contributor	MO	DAY	YEAR			
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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)			

RECEIVED  
BOARD OF ELECTIONS  
INDEPENDENT JUDICIAL  
2021 MAY 11 PM 4:01

Name of Person Submitting Report: *Jessica Seferyn*  
 Contact Phone Number: *570-239-8522*  
 Email Address: *jseferyn@verizon.net*

Date of Report: *05/07/2021*

# LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate: <u>Friends of Laura Dennis</u>		Filer Identification Number: <u>20210033</u>	
<b>DATE RECEIVED</b>			
Full Name of Contributor: <u>Albert B Melone Co</u>	MO: <u>05</u>	DAY: <u>11</u>	YEAR: <u>2021</u>
Mailing Address: <u>490 North Main St 200</u>	Amount \$: <u>500.00</u>		
City: <u>Pittston</u> State: <u>PA</u> Zip Code (Plus 4): <u>18640</u>			
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)			

RECEIVED  
 2021 MAY 14 PM 4:01  
 PROFFER LETTER UNIT  
 100-01

Name of Person Submitting Report: Jessica Seferyn Date of Report: 05/11/2021

Contact Phone Number: 570-239-8522

Email Address: jseferyn@verizon.net