

# LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate Friends of Movita Committee	Filer Identification Number 2015-0322
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## DATE RECEIVED

Full Name of Contributor Bricklayers & Allied Craftworkers Local 1 PA/DE PAC Fund	MO 03	DAY 06	YEAR 2019
Mailing Address 2706 Black Lake Place			
City Philadelphia State PA Zip Code (Plus 4) 19154	Amount \$ 2,500.00		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		

Name of Person Submitting Report: Theresa Thomas

Contact Phone Number: 267-304-3253

Email Address: ttovercomer@verizon.net

Date of Report: 3/6/19

CITY OF PHILADELPHIA  
 19 MAR -7 AM 7:58  
 CLERK OF ELECTIONS

# LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate Candidate - Movita Johnson Harrell	Filer Identification Number 2016-C0726
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## DATE RECEIVED

Full Name of Contributor	MO	DAY	YEAR
Bricklayers & Allied Craftworkers Local 1 PA/DE PAC Fund	03	06	2019
Mailing Address 2706 Black Lake Place			
City Philadelphia State PA Zip Code (Plus 4) 19154	Amount \$ 2,500.00		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
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City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		
Full Name of Contributor	MO	DAY	YEAR
Mailing Address			
City State Zip Code (Plus 4)	Amount \$		

ONLINE RECEIPT  
 19 MAR -  
 AT 7:59  
 CITY

Name of Person Submitting Report: Theresa Thomas Date of Report: 3/6/19

Contact Phone Number: 267-304-3253

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