



BUREAU OF REGISTRATION AND ELECTIONS

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LATE CONTRIBUTION FORM (24-HOUR REPORTING)

Section 1628 of the Campaign Finance Reporting Law requires any candidate or political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, which receives any contribution or pledge of five hundred dollars (\$500) or more after the final pre-primary/pre-election report has been deemed completed shall report such contribution to the appropriate supervisor. The candidate, chairperson or treasurer of the political committee shall send the report of late contributions within twenty-four (24) hours of receipt of the contribution. These contributions must be reported through and including the day of the primary/election. The bureau will accept the filing of late contribution reports by facsimile at 717-780-6478 or via e-mail (election@dauphincounty.gov). The filing of reports via facsimile or e-mail applies only to late contribution reports. It does not apply to the filing of campaign finance reports. The filing of late contribution reports does not remove the obligation to also report those contributions on the appropriate post-primary/post-election expense report filing. Please contact our office for specific reporting dates for late contribution reports. (NOTE: For those required to file with the Department of State, please consult the Department's website for instructions.)

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate	Filer Identification Number
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		DATE RECEIVED			
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)			
Full Name of Contributor		MO	DAY	YEAR	
Mailing Address		Amount \$			
City	State	Zip Code (Plus 4)			

Name of Person Submitting Report: _____ Date of Report: _____

Contact Phone Number: _____

Email Address: _____