Campaign Finance Report

(1	NOTE: This report mu	st be clear and	llegible. It n	nay be t	yped or printed in	ı blue or	black ink.)				
Filer Identification Number:	•		Report Filed by:		CANDIDATE 1.	c	OMMITTEE	X	LOBBYIST	3.	
HANES I	HANES FOR REGISTER OF WILLS										
	ARVIN R										
	S PARK		 		State: PA	Zip	Code: 19	02	7		
TYPE OF	6TH TUESDAY PRE-PRIMARY	1. 2ND 1	FRIDAY 2 PRIMARY	30	D-DAY OST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	X	
REPORT	6TH TUESDAY PRE-ELECTION	4. 2ND I	FRIDAY 5	j. 30	D-DAY OST ELECTION	5.X	TERMINATION REPORT?	YES	NO	 	
(place X to the right of report type)	ANNUAL		EAR		ILING METHOD		PAPER	V	DISKETTE		
Name of Office Sought by Candidate MONT 60 MERY REGISTER OF U	COUNTY	K OF 01	RPHANS OURT			YEAR	District Number	Office Code	Party Code DEM	County Code 46	
Summary of Receipts and Expenditures from:	▶	MO. DAY	YEAR 2010	то	MO. DAY	YEAR	OTER ONTER	OFFIC	JUSE ON	_	
A. Amount Brought Forward From La	ast Report	<u></u>		\$ 19	86.87				<u> </u>	í	
B. Total Monetary Contributions and	Receipts (From Schedule	e I)		\$	00.00		0₹0	., D)	> \		
C. Total Funds Available (Sum of Lir	•			5 19	86.87		35 G	17	p [T	1/ 7	
D. Total Expenditures (From Schedu	<u> </u>		<u></u>		350.00	ī	r G	Ç	\exists	, \	
E. Ending Cash Balance (Subtract L	•			<u> </u>	36.87		/				
F. Value of In-Kind Contributions Re)		\$	00.00			~	~		
G. Unpaid Debts and Obligations (Fr	rom Schedule IV)		ļ	\$	00.00		<u> </u>	<u> </u>		لــــــــــــــــــــــــــــــــــــــ	
PART I – If this is a Committee		here. If this is		report,	candidate sign h			,			
I swear (or affirm) that this report, incl Sworn to and subscribed before me th Aday of Signi	OMMONWEA NO DONNA L. N Nepkintown Bo		ISYLVANIA Ty Public Ty County		EDWA	and Signature	of Person Sub	Mitting Fro	port /N		
PART II – If this is a report of a	DAY YR	wad Camushia	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	الر	Area Code	9			ne Number		
I swear (or affirm) that to the best of m (P.L. 1333, No. 320) as amended. Sworn to and subscribed before me the day of	ny knowledge and belief this is COMMONWEAL NOT OONNA L. MI Jenkintown Bor	s political committed. TH OF PENN: ARIAL SEAL ARPHY: Notan To., Montgomer	ee has not viola SYLVANIA y Public y County			1	M ignature of Can	AN	ES 100		
MO.	DAY YR	/		•	Area Code		Daytim	e Telephoi	ne Number		

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Fron	orting Period m 10 - 18 - 2010 11 - 22 - 201
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRI	вито	R
TOTAL for the Reporting Period (1	\$	Ø . Ø
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	la de la composición del composición de la comp	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
TOTAL for the Reporting Period (2) \$	00.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$	
TOTAL for the Reporting Period (3) \$	50.50
4. OTHER RECEIPTS - REFUNDS INTEREST EARNED, RETURNED CHECKS, ETC	. (FR	ON PARTED TO THE PROPERTY OF THE PARTED TO T
TOTAL for the Reporting Period (4) \$	00.00
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$	00.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

	wit	h an aggregate value	from \$	50.01 to \$250.0	0 in the	e reportin	g period	
Name of Filing Committee	or Candidate	REGISTER	OF	WILLS	Reporting Period From 10 - 18 - 26			10 to 11-22-201 0
						DATE		AMOUNT
Full Name of Contributing C	Committee				MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City	•		State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing (Committee				MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing C	Committee				MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4) -	MQ.	DAY	YEAR	\$
Full Name of Contributing C	Committee				MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing C	Committee				MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing C	Committee				MO.	DAY	YEAR	\$
Mailing Address		···	_		MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing C	Committee				MO.	DAY	YEAR	\$
Mailing Address			1		MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing C	committee				MC.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City	•		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

DSEB-502 (7-99)

PAGE TOTAL

\$ 00.00

All Other Contributions

40/12

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	•			Reporting Period
HANES FOR	REGISTER	DF	MILLS	From 10 - 18 - 2010 To 11-22 - 2010

Full Name of Contributing Committee MG_ ONV YEAR \$ MG_ ONV YEAR	T T T T T T T T T T T T T T T T T T T		••••		DATE		AMOUNT
Mo. DAY YEAR S	Full Name of Contributing Committee			MO.		YEAR	
State Zip Code (Plus 4) MO. DAY YEAR S				1			4
Full Name of Contributing Committee	Mailing Address			MO.	DAY	YEAR	\$
Full Name of Contributing Committee		1	7: 0: 4: (B) : 1)	MO.	DAY	YEAR	
Moding Andress Modi	City	State Zip Code (Fills 4)					\$
Mo	Full Name of Contributing Committee	•		MO.	DAY	YEAR	\$
State Zip Code (Plus 4)				1	*****	1000 A 100	
Full Name of Contributing Committee MO. DAY YEAR \$ Moliting Address City State Zip Code (Plus 4) MO. DAY YEAR \$ Moliting Address MO. DAY YEAR \$ MO. DAY YEAR \$ MO. DAY YEAR \$ MO. DAY YEAR \$ Moliting Address Moliting Add	Mailing Address			MO.	DAT	TEAR	\$
Full Name of Contributing Committee MO. DAY YEAR \$ Moling Address MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Moling Address MO. DAY YEAR \$ MO. DAY YEAR \$ MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Moling Address MO. DAY YEAR \$ Moling Address MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Moling Address Molin	Dity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Mailing Address							*
State Special Control Committee State Special Code (Plus 4) Special Code (Plus	ull Name of Contributing Committee			MO.	DAY	YEAR	\$
City Stato Zip Code (Plus 4) HO. DAY YEAR \$ Full Name of Contributing Committee HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ City Stato Zip Code (Plus 4) HO. DAY YEAR \$ Full Name of Contributing Committee HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ City Stato Zip Code (Plus 4) HO. DAY YEAR \$ Full Name of Contributing Committee HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ Full Name of Contributing Committee HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ Full Name of Contributing Committee HO. DAY YEAR \$ Stato Zip Code (Plus 4) HO. DAY YEAR \$ Stato DAY YEAR \$	Jailing Addrong			MO.	DAY	YEAR	_
### STATE	Talling Address						\$
Mo. DAY YEAR S Making Address City State Zip Code (Plus 4) MO. DAY YEAR S Moling Address Mo. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S Moling Address Mol DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S Mol DAY YEAR S Mol DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Mol DAY YEAR Mol DAY Y	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Mailing Address MO. DAY YEAR City State Zip Code (Plus 4) MO. DAY YEAR S Mo. DAY YEAR S Mo. DAY YEAR S Moling Address Mo. DAY YEAR S Moling Address Mo. DAY YEAR S City State Zip Code (Plus 4) Mo. DAY YEAR S Moling Address Moling Addr			-				•
City State Zip Code (Plus 4) MO. DAY YEAR Moling Address MO. DAY YEAR MO. DAY YEA	full Name of Contributing Committee			MO.	DAY	YEAR	\$
State Zip Code (Plus 4) NO. DAY YEAR S Full Name of Contributing Committee Mo. DAY YEAR S Mo. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City State Zip Code (Plus 4) NO. DAY YEAR S City YEAR S City YEAR S City No. DAY YEAR S City YEAR S	Mailing Address		bs	MO.	DAY	YEAR	
Full Name of Contributing Committee MO. DAY YEAR \$ Milling Address City State Zip Code (Plus 4) MO. DAY YEAR \$ Moling Address Moling Add							\$
Mailing Address State Zip Code (Plus 4) MO. DAY YEAR S Walling Address City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S	Dity	State		MO.	DAY	YEAR	\$
Mailing Address MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ Moiling Address Moiling Address No. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee Moiling Address Milling Address	Full Name of Contributing Committee			MO.	DAY	YEAR	
City State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ Mailing Address State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ Mailing Address State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$	united to Continuous good and the Continuous						\$
City State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ Mailing Address MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ Full Name of Contributing Committee MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Mo. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Mailing Address MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Mo. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$ Mo. DAY YEAR \$ Mo. DAY YEAR \$ State Zip Code (Plus 4) MO. DAY YEAR \$	Mailing Address			MO.	DAY	YEAR	s
Full Name of Contributing Committee MO. DAY YEAR Mo. DAY YEAR Mo. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S Mo. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City YEAR S S S S S S S S S S S S S				1 40	DAV	VEAD	*
Mailing Address Mo. DAY YEAR State Zip Code (Plus 4) Full Name of Contributing Committee Mo. DAY YEAR S Mo. DAY YEAR S Mo. DAY YEAR S City State Zip Code (Plus 4) Full Name of Contributing Committee Mo. DAY YEAR S City State Zip Code (Plus 4) Mo. DAY YEAR S Mo. DAY YEAR S City Mo. DAY YEAR S City State Zip Code (Plus 4) Mo. DAY YEAR S City Mo. DAY YEAR S S S S S S S S S S S S S	Dity	State	Zip Code (Plus 4) -		DAI	TEAN	\$
Mailing Address State Zip Code (Plus 4) Full Name of Contributing Committee Mo. DAY YEAR S Mo. DAY YEAR S Mo. DAY YEAR S City State Zip Code (Plus 4) Full Name of Contributing Committee Mo. DAY YEAR S Mo. DAY YEAR S City State Zip Code (Plus 4) Mo. DAY YEAR S City Mo. DAY YEAR S City YEAR S City YEAR S City Mo. DAY YEAR S City Mo. DAY YEAR S	Full Name of Contributing Committee			MO.	DAY	YEAR	
City State Zip Code (Plus 4) Full Name of Contributing Committee MO. DAY YEAR S Mailing Address City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S S S S S S S S S S S S S	an Harrie of Contributing Continues		_			,	*
State Zip Code (Plus 4) Full Name of Contributing Committee Mo. DAY YEAR S Mo. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S Full Name of Contributing Committee Mo. DAY YEAR S City State Zip Code (Plus 4) Mo. DAY YEAR S City Typ Code (Plus 4) Mo. DAY YEAR S City Mo. DAY YEAR S S S S S S S S S S S S S	failing Address			: MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mo. DAY YEAR Mo. DAY YEAR Mo. DAY YEAR State Zip Code (Plus 4) Full Name of Contributing Committee Mo. DAY YEAR STATE Zip Code (Plus 4) Mo. DAY YEAR STATE STAT		C+-+-	Zin Code (Dive 4)	MO.	DAY	YEAR	
Mailing Address City State Zip Code (Plus 4) Full Name of Contributing Committee Mo. DAY YEAR S Mo. DAY YEAR S City Mo. DAY YEAR S City State Zip Code (Plus 4) Mo. DAY YEAR S City State Zip Code (Plus 4) Mo. DAY YEAR S City State Zip Code (Plus 4)	ity	State					\$
Mailing Address City State Zip Code (Plus 4) Full Name of Contributing Committee Mo. DAY YEAR S Mo. DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S City State Zip Code (Plus 4) Full Name of Contributing Committee MO. DAY YEAR S S S S S S S S S S S S S	Full Name of Contributing Committee			MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) MO. DAY YEAR S Full Name of Contributing Committee MO. DAY YEAR S Mailing Address Zip Code (Plus 4) DAY YEAR S City State Zip Code (Plus 4) MO. DAY YEAR S						AND A Pa	Ψ
Full Name of Contributing Committee Mo. DAY YEAR Mol DAY YEAR Mol DAY YEAR S City State Zip Code (Plus 4)	Mailing Address			******	UAT	TEAR	\$
Full Name of Contributing Committee Mo. DAY YEAR Mo. DAY YEAR State Zip Code (Plus 4) Mo. DAY YEAR S S S S S S S S S S S S S	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Mailing Address Mo. DAY YEAR State Zip Code (Plus 4) MO. DAY YEAR S State Zip Code (Plus 4)	•			<u> </u>			4
City State Zip Code (Plus 4) TEAR S	full Name of Contributing Committee			MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) TEAR S				MO.	DAY	YEAR	_
City State 2p code (1 tus 4)	Mailing Address						\$
- 1	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
			-	<u></u>		<u> </u>	

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ (27)

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate HANES FOR REG	ISTER O	F WILLS		rom D-	8-201	0 10 11-22-2010
				DATE		AMOUNT
Full Name of Contributing Committee	· ·		MO.	DAY	YEAR	\$
Mailing Address			MO,	- DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$	
Mailing Address		<u>. </u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		• • • • • • • • • • • • • • • • • • • •	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<u> </u>	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		44.	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u></u>		MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MÖ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Sch	edule I, Detaile	d Summary Pa	ge, Secti	ion 3.		PAGE TOTAL \$ ATD ATD
	•	•				\$ 00.00

All Other Contributions

6812

10-18-2010 11-22-2010

\$ 00.00

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Reporting Period

Name of Filing Committee or Candidate

HANES FOR KEGISTER	From To To To To						
				DATE		AMOUNT	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address	Mailing Address						
City	State	MO.	DAY	YEAR	\$		
Employer Name	Occupation	<u> </u>					
Employer Mailing Address/Principal Place of Business			. •	· · · · · · · · · · · · · · · · · · ·			
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer Name		Occupation	1				
Employer Mailing Address/Principal Place of Business		. -		-			
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$	
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business				_		10	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$	
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and Prior expenditures that were returned to the filer.

Name of filing committee or Candidate	Reporting Period
HANES FOR REGISTER OF WILLS	From 10-18-2019 01]-7

Full Name	·	·*				
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description	i				1	
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description	1		1			
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	мо.	DAY	YEAR	Amount \$
Receipt Description	<u></u>		,			
Full Name						
Mailing Address					''	
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description		-				
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						
						DACE TOTAL

Enter Grand Total of Part E on Schedule I, Detailed Summary Page Section 4.

\$ BD. BD

SCHEDULE II

In-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

NITEMIZED IN KIND CO	TRIBUTIONS RECEIVED - VALUE OF \$50.	00 OR LE	SS PER CONTRIBUTOR
	TOTAL for the Reporting Period	(1)	\$
-KIND CONTRIBUTIONS	RECEIVED AVALUE OF \$50.01 TO \$250.00	(FROM	PART F)
	TOTAL for the Reporting Period	(2)	\$
-KIND CONTRIBUTIONS	RECEIVED VALUE OVER \$250,00 FROM	A FART	
	TOTAL for the Reporting Period	(3)	\$

SCHEDULE II PART F

In-KIND CONTRIBUTIONS RECEIVED

9 0/ 12

VALUE OF \$50.01 TO \$ 250.00

HANES FOR R		· · ·		ATE	AMOUNT
ull Name of Contributor			MO.	SAY YEAR	\$
lailing Address			MO SE	PAYAMI MAYEAR	
ity	State	Zip Code (Plus 4)	. 10	-XXX III II YEAR	\$
escription of Contribution		-] \$
escription of Contribution					
ull Name of Contributor		•	MO di	DAY	\$
failing Address		-	MO.	DAY YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	\$
escription of Contribution		. .		i	<u> </u>
ull Name of Contributor			MO.	DAY YEAR	4
					\$
lailing Address			MO.	PAYER ENVENCE	\$
ity	State	Zip Code (Plus 4)	MO	DAY YEAR	\$
Description of Contribution					
ult Name of Contributor			146) 11	DAY YEAR	œ.
Mailing Address			THE MOTHER THE	DAY	\$
City	State	Zip Ccde (Plus 4)		DAY ELYEAR	\$
	Oldie				\$
escription of Contribution					
ull Name of Contributor	- -		3.0	DAYAR BAYEAR	\$
failing Address			22 0 0 00	DAY YEAR	\$
ity	State	Zip Code (Plus 4)	I NO	DAY/#	
escription of Contribution		-			\$
		·			
ull Name of Contributor				MAYOR BAYEAK	\$
failing Address			MO ®	DAY III DIYEAR	\$
City	State	Zip Code (Plus 4)	MO	PAY	\$
Description of Contribution		-	1		1 *
			·	-	PAGE TOTAL

SCHEDULE II PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$ 250.00

Name of filing com							Reporting Pe	riod 18-2010 _{To} 11-22 · 20
HANES	FOR	registe	R	0F	WILLS		<u> </u>	
Full Name of Contribute	or						DATE	AMOUNT
Mailing Address		······································					The state of the state of	\$
			Chaha		The Courte (Ohio A)			\$
City			State	<u>'</u>	Zip Code (Plus 4) -	A Section Control of the Control	the control of the co	\$
Employer of Contributor	г					Occupation		
Employer Mailing Addre	ess/Principal Pi	ece of Business				Description	of Contribution	
Full Name of Contributo	r					60 HO. E.	Calific Calabra	\$
Mailing Address		·····					DAY CHEST	
City			State		Zip Code (Plus 4)		liiko Merik	1 '
Employer of Contributor						Occupation	J	
Employer Mailing Addre	ss/Principal Pi	ece of Business				Description of	of Contribution	
Full Name of Contributor	ų"					144	Late wides	\$
Mailing Address						F MO. II	13/6/E	1
City	<u> </u>		State		Zip Code (Plus 4)		(1) (12.24 SE SEE SEE	\$
Employer of Contributor						Occupation		
Employer Mailing Address	ss/Principal Pie	ice of Business				Description of	of Contribution	
Full Name of Contributor	r					N. MOTES		\$
Mailing Address						\$51405K3	OXYGE CAMBOOK	\$
City			State	1	Zip Code (Plus 4)	**************************************	in the state of th	\$
Employer of Contributor						Occupation		
Employer Mailing Address	ss/Principal Pie	ce of Business				Description of	of Contribution	
Full Name of Contributor						1 0 P	TO THE MERCHANISM	\$
Mailing Address								\$
City			State	T .	Zip Code (Plus 4)		nje jeran kesetikal Maria	\$
Employer of Contributor						Occupation	J	<u> </u>
Employer Mailing Addres	ss/Principal Pie	ce of Business		<u>-</u>		Description o	f Contribution	
Enter Grand To			ule II,	, In-Ki	ind Contributi	ons Detaile	ed	PAGE TOTAL S O O O O

Summary Page, Section 3.

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate		. \ \		Reporting Pe	riod -18-2010 Tol [-22-20]
HANES FOR REGISTER	2 01	WILL>	<u> </u>	1 tom see	10
TO Whom Paid CHELTEN HAM DEM. CO		TTEE		5 2010	Amount \$ 50.00
Mailing Address FERNBROOK AVE.			Description of Contribution FINANCIAL		
^{CH} WYNCOTE	PA	19095			
FRIENDS OF LESLIE	RICHARDS			5 2010	\$ ZOD. OD
Marina Address ox 3			Description of	Contribution	
LAFAYETTE HILL	PA	194444 (1 ts 4)			
To Whom Paid				BANGE AND	Amount \$
Mailing Address			Description of	Contribution	- 1
City	State	Zip Code (Plus 4)			g.com
To Whom Paid	<u>'</u> '	•	<i>14</i>	and the state of t	Amount \$
Mailing Address			Description of	Contribution	
City	State	Zip Code (Plus 4)			
To Whom Paid	<u> </u>				Amount \$
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Description of	Contribution	<u> </u>
City	State	Zip Code (Plus 4)			
To Whom Paid					
Mailing Address			Description of	Contribution	\$ / /
City	State	Zip Code (Plus 4)			
To Whom Paid		•	Samuella Communication of the Communication	The second second	Amount
Mailing Address			Description of	Contribution	\$
City	State	Zip Code (Plus 4)	 		
To Whom Paid				AND FACE	
Mailing Address	***		Description of	Contribution	\$
City	State	Zip Code (Plus 4)	-		
		<u>-</u>		·i	PAGE TOTAL
Enter Grand Total of Expenditures on	Page 1	, Report Cover Pa	age, Item D).	\$ 350.00

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations Which are outstanding at the end of the reporting period.

Name of filing committee or Candidate	Reporting Period	Reporting Period From 10-18-2010To 1)-27-20		
HANES FOR REGISTER OF	WILLS From 10-18-2010 To 1-2.	1-20		
Name of Creditor				
Name of Creditor	Outstanding Balance of	f Debt		
Mailing Address				
City	State Zip Code (Plus 4)	e Patria		
	-			
Description of Debt				
Name of Creditor	Outstanding Balance of	Debt		
Mailing Address		1.360 J.C.		
	新 (
City	State Zip Code (Plus 4)			
Description of Debt	取 印心器 紧紧 感激发。	N*"\.'.'.		
Name of Creditor	Outstanding Balance of	Debt		
Mailing Address				
walling Address		15,,, d 15,,,,,,,,,,		
City	State Zip Code (Plus 4)			
Description of Debt				
Name of Creditor	Outstanding Balance of	Debt		
		D001		
Mailing Address	The second secon	9W-2-17		
City	State Zip Code (Plus 4)			
Description of Debt	The state of the s			
Name of Creditor	Outstanding Balance of \$	Debt		
Mailing Address				
City	State Zip Code (Plus 4)			
	State Zip Code (Plus 4)			
Description of Debt				
Name of Creditor	Outstanding Balance of I	Debt		
Mailing Address		1		
	The state of the s	KE SAFE SAFE SAFE		
City	State Zip Code (Plus 4)			
Description of Debt		<u> </u>		
	PAGE TOTAL			
Enter Grand Total of Unpaid Debts on Page 1, Repor	Cover Page, Item G. \$ 80.00			