

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate HANES for Registrar of Wills		Filer Identification Number	
DATE RECEIVED			
Full Name of Contributor Friends of Paul Steinko		10 20 2015	
Mailing Address 914 Spruce St. APT 10		Amount \$ 500.00	
City Philadelphia State PA Zip Code (Plus 4) 19107			
Full Name of Contributor			
Mailing Address			
City State Zip Code (Plus 4)			
Full Name of Contributor			
Mailing Address			
City State Zip Code (Plus 4)			
Full Name of Contributor			
Mailing Address			
City State Zip Code (Plus 4)			
Full Name of Contributor			
Mailing Address			
City State Zip Code (Plus 4)			
Full Name of Contributor			
Mailing Address			
City State Zip Code (Plus 4)			
Full Name of Contributor			
Mailing Address			
City State Zip Code (Plus 4)			
Full Name of Contributor			
Mailing Address			
City State Zip Code (Plus 4)			

Name of Person Submitting Report: Edward Lichstein Date of Report: 10/22/15

Contact Phone Number: 215-635-3154

Email Address: edlichstein@gmail.com