

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate HANES for Register of Wills	Filer Identification Number
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			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)	
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Mailing Address			
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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