CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification		ay be typed or prim	I 1			2	edwert Surviya	25555
Number:	Report Filed By:	CANDIDATE	'	COMM	TTEE	人	LOBE	BYIST 3.
Name of Filing Committee, Candidate or Lobbyist:  HANES FO PEGISTER  Street Address:	0f W1	115						
313 MARVIN RD.								
CITY ELKING PARIC		State:		Zip Cod	0 2	フ -		
TYPE OF STRETMESOAY 1. 2ND FRIDA PRE-PRIMARY PRE-PRIMARY		SO DAY POST PRIMARY	3.	AMENON REPORT?		YES		NO.
THE TUESDAY 4. 2ND FRIDA PRE-ELECTION PRE-ELECT		30 DAY POST ELECTION	6.	TERMINA REPORT?		YES		NO
the right of report type)  ANNUAL 7. YEAR  PEPORT 7.		FILING METHOD ( ) CHECK ONE		PAPE	R		DISK	
Name of Office Sought by Candidate:	ent and the second	DATE OF ELEC	TION	District   Number	Office		Party Code	County Code
Register of Wills I Clerk of	orphan	MO. DAY YE	AR		00	1 .	Dem	46
	(oin	11 3 20	15					FOR CODES)
Summary of Receipts MO. DAY YE	AR	MO. DAY YE	AR		OR OF	ICE t	ISE O	MEY-
and expenditures from:	TO TO	4,11,20	16		ا مرابع مستورون		ď	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
A. Amount Brought Forward From Last Report	\$	553,63			بار سارا		APR	* *
B. Total Monetary Contributions and Receipts (From Sche	edule () \$	1000			1375 1375	ieli nasi	<del></del>	
C. Total Funds Available (Sum of Lines A and B)	\$	1553.63	,		Ç.)	)r	- <del>0</del>	n officer
J. ross Experializado Trom Senerale III.	i v	5924.	-		9 1 44 2007	200 200 3	25 E	erre*.
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 4370.	37		- "- i"	ที่เ สม	N	·
F. Value of In-Kind Contributions Received (From Sched	ule II) \$	·					$\sim$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5,000 -	_					
F.	AFFIDAVIT SI	ECTION						
PART I - If this is a Committee report, treasurer sign I	nere. If this	is a Candidate repo						
I swear (or affirm) that this report, including the attached schedu correct and complete.				e best of	my kno	vledge	and be	lief true,
	OMMONWEAL NOT	TH OF PENNSYLVANI ARIAL, SEAL		0				
14 cm April 20	Dianna⊪Di	llio. Notable doubles	1	LIV	rot	En	~	
I My	Commission	Montgomery Count Expirer March 16, 80	gure of	Person Su	omitting	Repor	t 2 ' 4	,
Signatura	<del>der, Ken</del> nsyman	HA ASSOCIATION OF NOTAR	, <u> </u>	rinted Nam	e	-	·	
My commission expires 7 16 200 MO. DAY YR.	<u> </u>	Area Code	_		35 ytime T		15C	ber .
PART II - II this is a seport of a Candidate's Authorize I swear for affirm) that to the best of my knowledge and belief i					s of the	Act o	of June	3 1927
(F.L. 1333, NO. 320) as amended.	NWEALTH OF	11/1 _4/	. 0 ~	<del></del>				J, 1007
14	NOTARIAL	SEAL	W//					
Norristov	Wil Boro, Mon	Bottomy County	Gri.	TAZ T	tai			
Signature MEMBER, PEN	<del>nnsylvania asso</del>	March 18, 2020	V/V	UCZ Frinted Alam	7/1/7	<u>,フ</u> 		<del></del>
My commission expires 3 14 2020 MO. DAY YR.		215 Ares Code	-	8	3 - ytime To	) Y	80	ner l

#### SCHEDULE I

PAGE 2 OF 5

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page				
Name of Filing Committee or Candidate  HANES & ROGISTER & WILLS	Reporting Peri		D(GTO_	4/11/2016
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBU	roa .	
TOTAL for the Reporting Period	(1)	\$		•
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART I				
Contributions Received from Political Committees (Part A)		\$		ANNO CONTRACTOR OF THE PROPERTY OF THE PROPERT
All Other Contributions (Part B)		\$		17 <u>18 18 18 18 18 18 18 18 18 18 18 18 18 1</u>
TOTAL for the Reporting Period	(2)	\$		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)  Contributions Received from Political Committees (Part C)		\$		and the state of t
All Other Contributions (Part D)		\$	1000.	
TOTAL for the Reporting Period	(3)	\$	1000	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC	. <b>(F</b> AX	M PAR	
TOTAL for the Reporting Period	(4)	\$	1000.	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boyes 1 2 3 and 4: also enten this amount on flows 1		\$	1000	

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B.)

## ALL OTHER CONTRIBUTIONS

PAGE 3 OF 5

PAGE TOTAL

1002

**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.)

Name of Filing Committee or Candidate			P	Reporting	Period	
HANES FOR REGIO	57E	n of Will	45	From _	1/1/	2016 to 4/10/2016
				DATE		AMOUNT
Full Name of Contributor  Michael Clark,  Mailing Address  506 LA7ERN Au  City  Philadelphia  Employer Name  Pubolph Clarke  Employer Mailing Address/Principal Place of Business  350 Sentry Barkin			MO.	DAY	YEAR 70	\$ 1000 -
Mailing Address			Mo.	DAY	ZO16	1000:-
506 LATERN AL	1E					\$
Planta del Maria	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Employer Name	11/1	14160	Occupati	on		3
RUDOLPH Clarke	uc			AWC	160	
Employer Mailing Address/Principal Place of Business	1010	Rive Bell	PA	1947	2.	
Full Name of Contributor	49	1 10	MO.	DAY	YEAR	
Pull Halle St Contributor			B.O.	<u> </u>	TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zía Code (Plus 4)	MO.	DAY	YEAR	
	"""		-		LECK	\$
Employer Name			Occupati	on	<u></u>	
Francisco Mailine Address Principal Place of Business			<u> </u>			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
						\$
Employer Name			Occupation	on	<u> </u>	
Employer Mailing Address/Principal Place of Business				····		<del>мр </del>
Full Name of Contributor		<del>*************************************</del>	MO.	DAY	YEAR	6
Mailing Address			MO.	DAY	VEAP	\$
			mu.	330.1	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR.	<b>A</b>
r		<del>-</del>				\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business	<del></del>	**************************************	1			And the second s
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	W
	پو ، ، دېرېدېد سوي	general water with a management of the state				\$
Gity .	State	Zip Code (Plus 4)	MO,	DAY	YEAR	\$
Employer Name	نــــا	<u> </u>	Occupation	on		,
			l			
Employer Mailing Address/Principal Place of Business						

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

DSE8-502 (7-99)

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	LS From 1112016 4/11/2016
HANES FOR REGISTER OF WIL	Ly From 111/201010 1111/2010
Friends of Shapiru/ARKOOSH	MO. DAY YEAR Amount  1 4 7016 \$ 5,000  Description of Expenditure
Mailing Address P.O. Box 348	CONTRIBUTION  CONTRIBUTION
Noccis70000 State Zip Code Plus 4	
To Whom Raid	Amount
MONTEDMERY COUNTY DEM COMM	MO: DAY YEAR Amount  1 H 2016 \$ 500.
Po Box 857	Description of Expenditure このルフルイタレブ10ル
NOCISTOWN State Zip Code (Plus 4)	
To Whom Bold	MO: DAY YEAR: Amount
Suapiro For PA.	7 19 7016 \$ 50 -
P.O Box 1238	(0N)/16V710N
Norastown State Zip Code (Plus 4) PA 19404-	
To Whom Paid	MO. DAY YEAR Amount 3 9 7016 \$ 100 -
Mailing Address	Description of Expenditure
P.O. Box 58385	CONTRIBUTION
Philade (phia PA 19012-	
DeMOCRATIC COMMITTER of DISTIS	MO. DAY YEAR Amount 250.—
Mailing Address 530 SPTING LANE	Description of Expenditure
State   Zip Code (Plus 4	DINNER and ATTE
NYNDHOUR PAT 19038	
To Whom Paid PNC BANK Mailing Address	MO. DAY YEAR Amount  L)   7016 \$ 24
Mailing Address	Description of Expenditure
City State   Zin Code (Plus 4	Service change
GIENGIDE State Zip Code (Plus 4	2 WON 745
To Whom Paid	MO: PAY YEAR: Amount
Mailing Address	Description of Expenditure
City State   Zin Code (Plus 4	
City State Zip Code (Plus 4	'
To Whom Paid	MO: DAY YEAR: Amount
Mailing Address	Description of Expenditura
City State Zip Code (Plus 4	
-	' <b> </b>
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover	

PAGE 5 OF 5

# 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  HANES FOO BEGISTEE (	of WILL	5	Reporting From	Period /(1	17016 TO 4/11/2016
Name of Creditor Bruce HANES					Outstanding Balance of Debt \$ 5,000.
313 MARUIN RD	DATE DEBT INCURRED	MO.	DAY	ZOI6	
Description of Debt  LOAN 70 CAMPAIA  Name of Creditor		State	Zip Code	(Plus 4)	
Description of Debt LOAN 70 CAMPAIA	ı U				
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	
City	DEBT INCURRED				
City		State	Zip Code -	(Plus 4) -	
Description of Dobt					
Name of Creditor				···	Outstanding Balance of Debt
Mailing Address	DATE	2.72		******************************	\$
	DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt	***************************************				
Name of Creditor					Outstanding Balance of Debt
					Outstanding Balance of Debt
Name of Creditor  Mailing Address	DATE DEBT INCURRED	Мо	PAX.	YEAR	<b>i</b> .
		MO.	DAY Zip Code		<b>i</b> .
Mailing Address	DEBT				<b>i</b> .
Mailing Address City	DEBT				
Mailing Address  City  Description of Debt  Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	<b>i</b> .
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DEBT				
Mailing Address  City  Description of Debt  Name of Creditor	DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	Outstanding Balance of Debt  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DEBT INCURRED  DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4) YEAR	Outstanding Balance of Debt  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City	DATE DEBT INCURRED	MO. State	Zip Code  Zip Code	(Plus 4) YEAR	Outstanding Balance of Debt  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code  Zip Code	(Plus 4) YEAR	Outstanding Balance of Debt  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City	DATE DEBT INCURRED	State  MO.  State	Zip Code  Zip Code  Zip Code	(Plus 4) YEAR	Outstanding Balance of Debt  Outstanding Balance of Debt