CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Filer Identification Number:		-	Filed By:		CANDIDATE		COMM	THE	×	LOSS	YIST
Name of Filing Committee	For REG	; 5157 a R	of	WIL	LS						
Straet Address:	•	RD									
City	WS PARK				State: PA		Zip Cod	1902	7-		
TYPE OF	1.		The state of the s	30		3.	ALCONOMIC		YES		10
REPORT		200 PRIO	Service Co.	17.00	ST PRIMARY DAY	44	TERRINA	ar permissioned in	+		
(place X to	PRESENTION .	PRE-ELECT		PO	ST ELECTION	the	HEPOH ?		YES	N Casa Saca	NO
the right of report type	REVAT	YEAR			OFFICE CHE		PAPE	8		DISK	अगह्
Name of Office Sought			· · · · · · · · · · · · · · · · · · ·	3656	ATE OF ELEC		District Number	Office Code		arty Code	County Code
REGISTED	OF WILLS!	1	F .		0. BAY YE				!	Den	46
i Car	of WILLS/	PRPHANS	COUT	/	$m \otimes \omega$	10					FOR CODES)
Summary of Rec	eints		EAR S				美国教育	متناه الماسية			
and Expenditures	s from:	4/12/10	16 T	<u>۰ </u>	5 16 201	6			- 2		
A. Amount Brought F	Forward From Last Re	port	s	- U	370.37			- 1		>	
B. Total Monetary Co	ontributions and Recei	pts (From Scho	edule I) \$	1	35D.—					 -	
C. Total Funds Availa	able (Sum of Lines A	and B)	\$	^	3D20 —	-			-		* .
D. Total Expenditures	s (From Schedule III)		\$		15.50	<u>C</u>			 		*
E. Ending Cash Balan	ice (Subtract Line D f	rom Line C)	\$	· ***	3035.5	50				O	
F. Value of In-Kind	Contributions Receive	d (From Sched	dule II) \$								
G. Unpaid Debts and	Obligations (From Sc	hedule IV)	\$	51	000 -						
			AFFIDAVIT								
	this report, including th										
correct and complete.	ans report, including th	a eliacuen scuen	ules, ou pepe	n or con	puler diskelle, s	, e to u	e Dest O	HIIY KIIDI	w eoge	881U D 1	oner nue,
Sworn to and subscribe		COMMONWE	ALTH OF RE	ENNSYL	FAMA	, J-	$\mathcal{O}_{\mathcal{A}}$	~ * *	ص. ` <u>.</u>		
day of	May					rture of	Person S	ubmitting	Repor	t	<u> </u>
- Ma	Signature	My Commissio	THE GOOD	weix C	OUNTY COM	20	rinted Na	CUS	,7-e	-1 -	1,
My commission expire	\mathcal{L}_{7}	MEMBER, PENNEYL	VANIA ACCORIN	ION OF N	OTARIES (5		U	-63	5	3	154
	MO. DA	Y YR.			Area Code		0	aytime T	elepho	ne Nutt	ber
			in Count	toe, ca						130	
I swear (or affirm) that (P.L. 1333, No. 320) as	to the best of my know amended.	ledge and belief	this politica	i commi	tee has not field	ated an	y provisio	ns of the	Act o	of June	3, 1937
Sworn to and subscrib	ed before me this	r	CTABLAL SE		MANNA X	W //					
19 Yey of _	May	Dianime	DIARIAL BI DIKILO, NO Boro, Mongo	IN PUM		51gmpt	erra of Ca	ndidktá			
bre	· Noa	My Commissi	on Expire	March 1	6 2 020		TRUCT	Eh	9N8	9	
My commission expire	Signature 1	MEMBER, PENNST	_O	ATION OF	NOTARIES	F	rinted Ne	me . 5 - 1	41	N	
ery commission expire	MO. DA		<u> </u>		Area Code	_		aytime	elepho	ne Nurr	aber

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF

Detailed Summary Page		
Name of Filing Committee or Candidate HANES for Register of Wills	Reporting Per From	100 10 5 17 2016
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ 100.
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART I	3)	
Contributions Received from Political Committees (Part A)		\$ —
All Other Contributions (Part B)		\$ 750 —
TOTAL for the Reporting Period	(2)	\$ 750 —
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ —
All Other Contributions (Part D)		\$ 500 -
TOTAL for the Reporting Period	(3)	\$ 500-
4 OTHER RECEIPTS - REFLAIDS, INTEREST EARNED, RETURNED CH	ECKS, ET	FROM PART E
TOTAL for the Reporting Period	(4)	\$
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from		\$ 1350

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

Cover Page, Item B.)

ALL OTHER CONTRIBUTIONS

\$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	
HANGS & REGISTER OF	WILLS		<u>5(17/16</u>
		DATE	ADAOLIBUT

	DATE	AMOUNT
Full Name of Contributor		
Full Name of Contributor PAUL FELDMAN Mailing Address	5 8 16 MO. DAY YEAR	\$ 250. —
820 HOMESTEAD PD	INU. DAT TEAN	\$
B20 HOMESTEAD PD City) ENKINTOWN, PA 19046 -	lus 4) MO. DAY YEAR	s
Full Name of Contributor BERNARD MCLAFFER79 Mailing Address	MO DAY YEAR	\$ 257)-
1 407 Berhloham PIKO	MO. DAY YEAR	\$
City CRDENAEIM State ZIP Code IF PA 19038 -		
ER DEN HEIM 174 19038 -	-	\$
Full Name of Contributor Me HEIFE7Z Mailing Address	MO DAY YEAR 5 4 16	\$ 250-
Mailing Address		\$
304 S. 12th S7. City Philadelphia PA 19107-	lus 4) MO. DAY YEAR	
Philadelphia PA 19107-		\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	s
City State Zip Code (F	us 4) MO DAY YEAR	•
-	- BUL DATE TEXAS	\$
Fult Name of Contributor	MOYE E DAYE SYVARE	\$
Mailing Address	MO DAY YEAR	
City State Zip Code (P		\$
State Zip Code (F	108 47 MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	s
Mailing Address	MO. DAY YEAR	
		\$
City State Zip Code (P	MO. DAY YEAR	\$
Full Name of Contributor	MQ DAY YEAR	s
Mailing Address	MO DAY YEAR	7
		\$
City State Zip Code (P	lus 4) MO. DAY YEAR	\$
Full Name of Contributor	MQ DAY YEAR	
Mailing Address	MD. DAY YEAR	\$
		\$
City State Zip Code (P	lus 4) MO. DAY YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed S	ummary Page, Section 2	\$ 750.—
nccs.cn2 (7-00)	and y age, deciron 2.	- , , , , ,

PAGE 4 OF 6

Reporting Period

PART D **ALL OTHER CONTRIBUTIONS**

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

DSEB-502 (7-99)

Name of Filing Committee or Candidate HANES 6 2 6157 EP	· C	of Wills		From	4/121	(16 to 5/16/16
				DATE		AMOUNT
Full Name of Contributor Rober 7 Slu75ky			мо. 5		16	\$ 500.
Mailing Address 12 Black WALNU	 7	LA	MO.	DAY		\$
Full Name of Contributor Rober7 Slu7sky Mailing Address 12 Black WALNU City Plymouth Meeting	State	Zip Code (Plus 4) 19462 -	MO.	DAY	YEAR	\$
Employer Name ROBET SIUTSICY 12			Occupat	A 170	nev	1
Employer Mailing Address/Principal Place of Business [7.1 BLACK WALMUT]						
Full Name of Contributor				DAY		
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name	1		Occupat	ion	1	-
Employer Mailing Address/Principal Place of Business			1		<u></u> .	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business			1			
Full Name of Cantributor			MO.	DAY	YEAR	s
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	YAY	MAY 97 (1848	\$
Employer Name	•		Occupat	ion		
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)	MO.	DAY	YEAR	\$
Employer Name	•		Occupat	tion		•
Employer Mailing Address/Principal Place of Business						
						PAGE TOTAL
Enter Grand Total of Part D on Sched	dule !	, Detailed Summary	y Page	, Sectio	n 3.	\$ 500:-

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		AP IN]'	Reporting	Period	111 0/12/11
HANES OF REGISTE	=2	of wire	-5	From	4(15	(16 to 711) 10
To Whom Peid PAY PAL			Mo. 5	DAY	YEAR 16	Amount \$ 3.50
Mailing Address 2711 No-Th Frs7. City SAN 7056 (A	57	7	Descript	ion of Expe	anditure	Transactions
City 13 C	State	Zip Code (Plus 4)	<u> </u>		10	"augac none
	9517	_				
To Whom Peld PNE BANK			MO.	DAY	YEAR	\$ 12.
PNE BANK Mailing Address CASTON RD. City QLENGIDE			Descript	ion of Expe	anditure	Charge.
City (21),	State	Zip Code (Plus 4)	├	7C- V	ice	charge.
		4028-			···	
To Whom Paid			140			Amount \$
Mailing Address			Descript	tion of Expe	enditure	
Спу	State	Zip Code (Plus 4)	 			
		_				
To Whom Paid			MD.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Expe	enditure	3
City	State	Zip Code (Plus 4)	<u> </u>			
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descript	ion of Expe	anditure.	\$
	·	·				
City	State	Zip Code (Plus 4)				
To Whom Paid	فسيجيمك		MO.	DAY	YEAR	Amount
Mailing Address			Descript	ion of Expe	nditure	\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
						\$
Mailing Address		!	Descript	ion of Expe	anditure	
City	State	Zip Code (Plus 4)		···		
To Whom Paid			Mo.	DAY	YE AR	Amount
						\$
Mailing Address			Descript	ion of Expe	anditure	
City	State	Zip Code (Plus 4)			<u> </u>	
		-				
Enter Grand Total of Evnanditures on Pa	4 K	News Davis D	14.	D	ļ	PAGE TOTAL

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			Reportie	ng Period	
HANES FOR REGISTER OF	WILLS	•	From	<u> </u>	2/16 to 5/17/16
Name of Creditor 15 & UCE HANES Meiling Address 313 MARUW RD City CITY PARK Description of Debt					Outstanding Balance of Debt
Mailing Address	DATE	MQ.	DAV	YEAR	3 2/000
City 3/3 MARUW 120	DEBT INCURRED	1	J. CAR.		
GIVEN DADK		State		de (Plus 4)	
Description of Debt		PA	1902	<u> </u>	
(p.1311 01 545)					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	······································				\$
mening Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State		1 (0) (1	
		State	210 CO	de (Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	T 3			\$
	DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Cod	le (Pius 4)	
			•	_	
Description of Debt				*******	<u> </u>
Name of Creditor					
Name of Creditor		· · · · · · · · · · · · · · · · · · ·			Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE	Mo.			Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	M 0.	BAY	n 8	Outstanding Balance of Debt \$
	DEBT	State		VEAR	Outstanding Balance of Debt \$
Mailing Address City	DEBT				Outstanding Balance of Debt \$
Mailing Address	DEBT				Outstanding Balance of Debt \$
Mailing Address City	DEBT				S
Mailing Address City Description of Debt Name of Creditor	DEBT				Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Mailing Address City Description of Debt	DEBT				Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT	State	Zip Cod	e (Plus 4)	Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED DATE DEBT	State	Zip Cod	e (Plus 4)	Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED DATE DEBT	State	Zip Cod	e (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	State	Zip Cod	e (Plus 4)	Outstanding Balance of Debt
Meiling Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED DATE DEBT	State	Zip Cod	e (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	DEST INCURRED DATE DEST INCURRED	State MO. State	Zip Cod	e (Plus 4)	Outstanding Balance of Debt \$
Mailing Address City Description of Debt Mailing Address City Description of Debt Name of Creditor Mailing Address Mailing Address	DATE DEST INCURRED DATE DEBT INCURRED	State	Zip Cod	e (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. State	Zip Cod	e (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
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Mailing Address City Description of Debt Mailing Address City Description of Debt Name of Creditor Mailing Address Mailing Address	DATE DEST INCURRED DATE DEBT INCURRED	MO. MO.	Zip Cod	e (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
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