

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

| FILER IDENTIFICATION NUMBER | REPORT FILED ON BEHALF OF | CANDIDATE | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------|---------------------|----|----|------|-----|-----|------|----|----|------|--|--|------------------|-----------------|---------------------|
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST HANES FOR REGISTER OF WILLS | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS 313 MARVIN RD. | | | | | | | | | | | | | | | | | | | |
| CITY ELKINS PARK | | STATE PA | ZIP CODE 19027 - | | | | | | | | | | | | | | | | |
| TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION ANNUAL REPORT <input checked="" type="checkbox"/> | NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY REGISTER OF WILLS/CLERK OF ORPHANS' COURT | | DISTRICT NO. | PARTY DEM | DATE OF ELECTION | | | | | | | | | | | | | | |
| | DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>24</td><td>2017</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>2017</td></tr> </table> | | MO. | DAY | YEAR | 10 | 24 | 2017 | MO. | DAY | YEAR | 12 | 31 | 2017 | | | MO. 11 | DAY 8 | YEAR 2017 |
| | MO. | DAY | YEAR | | | | | | | | | | | | | | | | |
| | 10 | 24 | 2017 | | | | | | | | | | | | | | | | |
| | MO. | DAY | YEAR | | | | | | | | | | | | | | | | |
| | 12 | 31 | 2017 | | | | | | | | | | | | | | | | |
| | CASH BALANCE AT END OF REPORTING PERIOD: \$ 2544.98 | | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ — | | FOR OFFICE USE ONLY | | | | | | | | | | | | | | |
| AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

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| I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE. | | | |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS | | <i>Edward Lichstein</i> | |
| COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL SEENA GORCHOV, Notary Public Jenkintown Borough, Montgomery County My Commission Expires October 10, 2020 | | SIGNATURE OF PERSON SUBMITTING REPORT EDWARD LICHSTEIN PRINTED NAME 215 635-3154 AREA CODE DAYTIME TELEPHONE NUMBER | |

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

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| I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE. | | | |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS | | <i>D. Bruce Hanes</i> | |
| COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL PAMELA S. ELWELL, Notary Public Jenkintown Boro., Montgomery County My Commission Expires December 2, 2018 | | SIGNATURE OF CANDIDATE D. BRUCE HANES PRINTED NAME 215 813-1400 AREA CODE DAYTIME TELEPHONE NUMBER | |