

# 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 <input type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input checked="" type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>HANES FOR REGISTER OF WILLS</b>					
STREET ADDRESS <b>313 MARVIN RD.</b>					
CITY <b>ELKINS PARK</b>		STATE <b>PA</b>	ZIP CODE <b>19027-</b>		
TYPE OF REPORT (CHECK ONE)  6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <b>MONTGOMERY COUNTY REGISTER OF WILLS, CLERK OF ORPHANS' COURT</b>		DISTRICT NO.	PARTY <b>DEM</b>	DATE OF ELECTION MO. DAY YEAR <b>4 8 2016</b>
	DATES OF REPORTING PERIOD		OFFICE OF PROFESSIONAL SERVICES 1600 MARKET ST. 16TH FLOOR PHILADELPHIA, PA 19102 RECEIVED JAN 26 PM 3:15		
	MO. DAY YEAR	MO. DAY YEAR			
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>1927.98</b>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>2500.00</b>		
	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>
	TERMINATION REPORT?		YES	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.

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 <b>25<sup>th</sup></b> DAY OF <b>January</b> 20 <b>17</b> <i>Stephanie R. Courtney</i> SIGNATURE MY COMMISSION EXPIRES <b>3 12 17</b>	<i>Edward Lichstein</i> SIGNATURE OF PERSON SUBMITTING REPORT <b>EDWARD LICHSTEIN</b> PRINTED NAME <b>215 635-3154</b> AREA CODE DAYTIME TELEPHONE NUMBER
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**NOTARIAL SEAL**  
**STEPHANIE R. COURTNEY, Notary Public**  
 Jenkintown Boro., Montgomery County  
 My Commission Expires **March 12, 2017**

### PART II -

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

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS <b>25<sup>th</sup></b> DAY OF <b>January</b> 20 <b>17</b> <i>Stephanie R. Courtney</i> SIGNATURE MY COMMISSION EXPIRES <b>3 12 17</b>	<i>D. Bruce Hanes</i> SIGNATURE OF CANDIDATE <b>D. BRUCE HANES</b> PRINTED NAME <b>215 813-1400</b> AREA CODE DAYTIME TELEPHONE NUMBER
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**NOTARIAL SEAL**  
**STEPHANIE R. COURTNEY, Notary Public**  
 Jenkintown Boro., Montgomery County  
 My Commission Expires **March 12, 2017**