PAGE 1 OF 12

CAMPAIGN FINANCE REPORT

Filer Identification	- This repor	t must	De Clear and			ay be	typed or prin	ited in	blue or	black II	nk.)	(Parameter State		
Number:				Repor Filed			CANDIDATE	1	сомм	ITTEE	X	LOBB	YIST	3.
Name of Filing Command HANS Street Address:	nittee, Candidate or Lo S FOR		ISTER	0F	= C	110	LLS		•			R. and a control of the control of t		
	MARVIN	RD.												
ECKI		K					State: PA		Zip Coo	102	27			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRE-PRIMA	**	2.	THE RESERVE OF THE PARTY OF THE	DAY ST PRIMARY	3.	AMENDA REPORT?		YES		NO	人
(place X to	9TH TUESDAY PRE-ELECTION	4.	2ND FRIDA PRE-ELECT	1,	5.		DAY ST ELECTION	6.	TERMINA REPORT?		YES		NO	X
the right of report type)	ANNUAL REPORT	⁷ /	YEAR	200	29		NG METHOD CHECK ONE	>	PAPE	R .	X	DISKE	TTE	
Name of Office Soug	ht by Candidate:	ارد	S			M	ATE OF ELEC	TION EAR	District Number	Offic Code	' I	Party Code SM TIONS F	4	Inty ode ODESI
		MO.	DAY YE	AR		M	D. DAY YE	AR	F	OR OF	FICE L	JSE ON	VLY	
Summary of R and Expenditur	eceipts es from:	11	23 20	-American Marie	То	12		209					***************************************	
	t Forward From La				\$	13	9,13		35	5	2010	工	J	
····	Contributions and F			dule I)	\$	50	00,00		200	49	JAN 29		7	
	ailable (Sum of Line		d B)		\$	63	9.13		S C		2			
	res (From Schedule				\$	45	00,00		0.1	ím			=	
	ance (Subtract Line				\$	18	9.13		02	<u> </u>	D		F	
F. Value of In-Kin	d Contributions Red	ceived (From Schedu	ule II)	\$	ť	00.00		PI		\Box	Ċ	j	
G. Unpaid Debts ar	nd Obligations (Fron	n Sched	lule IV)		\$	σ	0,00		/		_0			
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I swear (or affirm) the	s a Committee rep	ort, tre	asurer sign h	les, on p	this paper o	r com	Candidate repo outer diskette, a	ort, car re to th	ididate si	gn her	e. wledge	and bel	ief tri	e.
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Journey.	In line	6	***************************************			Ch	WARD Signa	dure of	Person Su	bmitting	Report			
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NOTARIAL S ATHLEEN M. ACOSTA	Notary Public)	N. 842-25	Area Code			ytime T	eleph b n	e Numb	er	
enkintown Bore. Ment	gomery-Gounty . F.	ndidate	's Authorize	d Com	nittee	, can	didate shall sig	n here				Aug II		
Conmission Expires N (P.L. 1333, No. 320) a	s amended.	knowledg	e and belief t	this polit	ical co	mmitt	ee has not viola	ited any	provision	s of the	Act of	June 3	, 1937	1000
Sworn to and subscr				NA.	***		A	M	1					
28th day of	JANUAR	Y	20_	10	1,-	Vr	X/ V	VI			-			
Loute	Signature	nto		***********	}	To	Beuc	Et	ANE	25			4144	
My commission expi	res	30	- 2010)	.	21	51	- "	813-	-14	00			
MMONWEALTHOF	ENNSYLVANIA	DAY	YR.				Area Code		Day	time Te	lephone	a Numbe	er	
NOTARIAL S	EAL													

KATHLEEN M. ACOSTA, Notary Publishment of State Bureau of Commissions, Elections and Legislation Jenkintown Boro., Montgomery County Office Building Harrisburg, PA 17120-0029 (717) 787-5280 My Commission Expires November 30, 2010

PAGE 2 OF 12

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page									
	Reporting Peri	iod							
HANES FOR REGISTER OF WILLS	From 11-2	23-09 TO 12-31-09							
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Period	i (1)	\$ 00.00							
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART I	В)								
Contributions Received from Political Committees (Part A)		\$							
All Other Contributions (Part B)		\$							
TOTAL for the Reporting Period	(2)	\$ 00.00							
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)									
Contributions Received from Political Committees (Part C)		\$							
All Other Contributions (Part D)		\$ 500,00							
TOTAL for the Reporting Period	(3)	\$ 500.00							
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC	: (FROM PART E)							
TOTAL for the Reporting Period	(4)	\$ 00.00							
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	METALLER STATES OF CORNERS OF COR	\$ 500.00							

Reporting Period

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate

HANES FOR REGISTER	OP	WKLS		NACONE PARESTAN	1-23	-09 TO 12-31-09
Full Name of Contributing Committee				DATE	chance and something	AMOUNT
ran rance or contributing confinences			: MO.	DAY,	YEAR	\$
Mailing Address	·····		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR	
Full Name of Contributing Committee			- MO.	DAY	YEAR	\$
Mailing Address	***************************************		***			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO, .	DAY	YEAR	
City	State	Zip Code (Pius 4)	MO _*	DAÝ	YEAR	\$
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Melling Addross			MO.	DAY:	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	.
					Christian Service	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			. Mo.	DAY	YEAR	
Molling Address			: MO,	. DAY	YEAR	\$
City	State	Zip Code (Plus 4)				\$
	318(5	Lip code grids a	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	Mo,	DAY	YEAR	\$
Full Name of Contributing Committee		and the second s			YEAR	\$
Mailing Address			MO:	QAY	YEAR	\$
Meeting Address		"	· · MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	- DAY:	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part A on Sche-	dule I	Detailed Summar	y Page,	Section	n 2.	\$ 00.00
SEB-502 (7-99)					8	

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		on point of the po	CONTRACTOR OF THE PARTY OF THE	Reporting	900 Billio de manuelo	(As)
HANES FOR REGISTE	R 8	OF WILLS		From _	1-23	-09 то <u>12-31-0</u> 9
Full Name of Contributor				DATE		TNUOMA
			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	
City						1 \$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	4
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			MO:	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	
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Signal Control	State	Zip Code (Plus 4)	Mo.	DAY.	YEAR	
Full Name of Contributor			THE RESIDENCE OF THE PERSON NAMED AND ADDRESS OF THE PERSON NA			\$
s ran want of Contributor			MO.	DAY	YEAR	1 \$
Mailing Address			- NO	75.14	1.00	
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
		***				\$
Full Name of Contributor			MO.	DAY	YEAR	, n. n.
Mailing Address						\$
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City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		Aprex	<u> </u>	201	1 (5/0)	\$
Full Name of Contributor			MC.	DAY	YEAR.	
Mailing Address						\$
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Mailing Address	***************************************		MO.	DAY	YEAR	***
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	State	Zip Code (Plus 4)	Mo:	DAY	YEAR	_
Full Name of Contributor						\$
			MO.	DAY	YEAR	\$
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						\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	· ·
Mailing Address						\$
		§ .	MO.	DAY.	YEAR	

Zip Code (Plus 4)

MO,

DAY

YEAR

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

5 OV. 00

PAGE TOTAL

\$

\$

City

Reporting Period

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate

HANES FOR REGISTER OF 1	VILLS		From _	,1-23	-09 To 12-31-09
Full Name of Contributing Committee			DATE		AMOUNT
		MO.	DAY	YEAR	\$
Mailing Address		· Mo,	DAY	YEAR	\$
	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	. MO.	· DAY	YEAR	\$	
Mailing Address		MO.	- DAY	YEAR	\$
	Code (Plus 4)	. мо.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	- DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	S
Mailing Address		Мо.	DAY	YEAR	\$
City State Zip	Code (Plus 4)	мо,	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	
Mailing Address				N. CEAN	\$
-		MO,	DAY	· YEAR	\$
	Code (Plus 4) —	MO:	DAY	YEAR	\$
Full Name of Contributing Committee		OM	DAY	YEAR	\$
Mailing Address		мо	DAY	YEAR	\$
	Code (Plus 4)	MO.	DAY	YEAR:	\$
Full Name of Contributing Committee		. мо.	DAY	YEAR	\$
Mailing Address		. мо.	DAY	YEAR.	\$
City State Zip	Code (Plus 4)	MO.	OAY	YEAR	\$
Full Mame of Contributing Committee		MO.	DAY	YEAR	
Mailing Address	***				\$
		MO.	DAY.	YEAR	\$
State Zip	Code (Plus 4)	MO.	DAY.	YEAR	\$
Enter Grand Total of Part C on Schedule I, Detail	ed Summary	Page, :	Section	1	page total \$ 80 , 00

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		}	A	eporting	Period			
Name of Filing Committee or Candidate HANSS FOR REGISTS	R Of	= WILLS		From _	1-23	-09 to 12-31-09		
				DATE		AMOUNT		
Full Name of Contributor SALVATORE A. PAPARE Meiling Address	PALS		Mo. 12	DAY	2.009	\$ 500,00		
Meiling Address	100	**************************************	Mo.	DAY	YEAR	1 300,00		
Molling Address 331 EAST STREET ROP	<u> 11)</u>	Zip Code (Plus 4)				\$		
TREJOSE	PA	-19106-	<u>MO.3.</u>	DAY	YEAR-	\$		
Employer Name SALVATORE A. PAPAR Employer Mailing Address/Principal Place of Busines	ONE,	ESQ.	Occupati	on				
331 EAST STREET ROA	<u>.</u>	TREJOSE,	PA	(9	106			
Full Name of Contributor	and the second		_ MO.	DAY	YEAR	\$		
Mailing Address			: MO.	DAY	YEAR	\$		
City	State	Zip Cade (Plus 4)				- D		
	3.616	Zip Code into 41	<u>, MO</u>	DAY:	YEAR	\$		
Employer Name			Occupati	on .	I			
Employer Mailing Address/Principal Place of Busines	S			***************************************		All Control of the Co		
Full Name of Contributor			MO.	DAY	YEAR	S		
Mailing Address			MO»	DAY.	YEAR			
City	State	Zip Code (Plus 4)				\$		
			MO:	DAY.	YEAR	\$		
Employer Name		200000000000000000000000000000000000000	Occupation					
Employer Mailing Address/Principal Place of Busines	s			·	***************************************			
	TO SHE THE RESERVE OF THE SHE							
Full Name of Contributor			· MO.	DAY	YEAR	\$		
Mailing Address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MO.	DAY.:	YEAR			
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,	State	Zip Code (Plus 4) —	MQ.	DAY.	YEAR	\$		
Employer Name			Occupation	n n				
Employer Mailing Address/Principal Place of Busines	S.	***************************************		w	~~~			
Full Name of Contributor			: .MO.	DAY	YEAR	d'		
Mailing Address				DAY	YEAR	\$		
City		-			<u></u>	\$		
· · · · · · · · · · · · · · · · · · ·	State	Zip Code (Plus 4) —	an Mo. :	DAY	YEAR	\$		
Smoloyer Name			Occupation	in	Consession and Milaborary (respective	L		
Employer Mailing Address/Principal Place of Business								
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newser 10004 11 " 001								

PAGE 7 OF 12

Reporting Period

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate

Full Name				Wall Committee of the C		
Mailing Address			***************************************		- 10-20 (12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	
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	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
ecelpt Description						
						PAGE TOTAL
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SCHEDULE II

PAGE 8 OF 12

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Pa	
	oriod 23-09 to 12-31-09
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR I	LESS PER CONTRIBUTOR
TOTAL for the Reporting Period (1)	
27 INIVIAN COMPONITIONS PROCESS	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	И PART F)
TOTAL for the Reporting Period (2)	\$ 00.00
o the Mine occupation	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G	
TOTAL for the Reporting Period (3)	\$ 00,00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 00.00

PAGE	9	ዕድ	12
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SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			į F	Reporting	Period	
HANES FOR REGISTE	R E	OF WILLS		From]	1-23	-09 го 12-31-09
				DATE		TNUOMA
Full Name of Contributor			MO.	DAY.	·YEAR	\$
Mailing Address			::MO.:	DAY	YEAR	db.
City	State	Zip Code (Plus 4)			ļ	\$
	Grave	_ Lip Code (Files 4)	MO.	DAY	YEAR	\$
Description of Contribution:	······································			<u> </u>	.J	* Company of the Comp
Full Name of Contributor						
			MO.	DAY.	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	VEIS	• 6
		-	1110.	DAY	YEAR	\$
Description of Contribution:				L	J	A CONTRACTOR OF THE CONTRACTOR
Full Name of Contributor			MO.			
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Mailing Address	······································		MO.	DAY	YEAR	A
City	State	Zip Code (Plus 4)	1	Ph. A. M.		\$
		_	MO.	DAY	YEAR.	\$
Description of Contribution:	***************************************					**************************************
Full Name of Contributor						
			MO.	DAY	YEAR	\$
Mailing Address	***************************************		MO.	- DAY	YEAR	\$
City	State	Zip Code (Plus 4)				•
	State	Zip Code (Pins 4)	MO.	DAY	YEAR	\$
Description of Contribution:		<u> </u>				
Full Name of Contributor						
			MO.	DAY.	YEAR	\$
Mailing Address			Mo.	DAY.	YEAR	
Сіїу	State	Zip Code (Plus 4)	1			\$
	J.J.	- 21p code (rids s)	MO.	DAY	YEAR	\$
Description of Contribution:	ł				1	
Full Name of Contributor						
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City	F 64.1 T	7.				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR:	\$
Description of Contribution:		4-440-h-11	1			
Enter Grand Total of Part F on Sched	ule II,	In-Kind Contribut	ions Del	ailed	₩	PAGE TOTAL
Summary Page, Section 2.						\$ 00.00
					₩.	recommendation of the second s

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250,00

Name of Filing Committee or Candidate				észanasana					
HANES FOR REGISTS	ER	of WILLS		Reporting From L		-09 то <u>12-31-0</u> 0			
				DATS		AMOUNT			
Full Name of Contributor	Section of the sectio		MO.	DAY	YEAR	4 5			
Mailing Address			MO.	- DAV	VEAD	4			
			ano.	. DAY.	YEAR	\$			
City	State	Zip Code (P)us 4)	MO.	DAY	YEAR	1 \$			
Employer of Contributor	<u> </u>		Occupat	ion					
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	ntibution				
Full Name of Contributor			MO.	DAY	YEAR				
Mailing Address						\$			
William State Control of the Control			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR				
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Employer of Contributor			Occupat	ion					
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			710.	1 00:	YEAR	\$			
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Employer of Contributor	***************************************		Occupati	on .	1				
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Full Name of Contributor			MO.	DAY	YEAR	ф.			
Mailing Address			. MO.	. gravin	C. Verze	\$			
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Employer of Contributor		***************************************	Occupati			*8			
			o voupe.v						
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Sull Manager (Contribution)	C240000000000								
Full Name of Contributor			MO	DAY	YEAR	\$			
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City	(21)					\$			
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Employer of Contributor	CONTROL CONTROL &		Occupation	on .	rumanya saraniyahip Masharas sangasah				
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			200011011	on or con	. routton				
Enter Grand Total of Part G on Sched	1112 11	la Vind Court				PAGE TOTAL			
Summary Page, Section 3.	nui∈ II	, making Contribu	itions De	ralled		\$ 01.00			

OSE8-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate					oginami mana	
HANES FOR REGISTER	19-1	E 12/11/5	l.	Reporting From		-09 to12-31-09
11MM5 10K 1-501312K	C 4	V				
TO WHOM PAID HOEFFEL FOR GOVERNO) ()		MO.	DAY	YEAR	Amount
Mailing Addess AST AIRY ST.	/ IX		Descripti	on of Exp	209 enditure	(\$ 2-50,00
	Reset o I	Zin Code (Pius A)	Co	NTRI	BUTT	<u>oU</u>
NORRISTOWN	PA	Zip Gode (Plus 4)				
MONTGOMERY CO. DEM,	Com	MITTEE	Mo. 12	BAY 8	2009	Amount \$ 100,00
21 EAST AIRY ST.			Descripti	on of exp	enditure SUTTO	J
NORRISTOWN	PA	Zip Code (Plus 4) 19401				
CHELTEN HAM DEMOCK	An (e comm.	MO.	BAY	YEAR 2009	Amount \$ 100,00
209 FERNBROOK AVE.			Descripti	on of Exp	enditure '	
WYNCOTE	73	Zip Code (Plus 4)		,		
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address	6 100 1111111111111111111111111111111111		Doscripti	on of Exp	l enditure	I \$
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To Whom Paid				proservance	year and the same of	
			· MO	DAY.	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
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To Whom Paid			MO.		125 1 m	Amount
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City	State	Zip Code (Plus 4)			· · · · · · · · · · · · · · · · · · ·	
		7				
					418-33-32-33-33-33-33-33-33-33-33-33-33-33-	PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, R	leport Cover Pa	ge, Ite	m D.		\$ 450,00

PAGE 12 OF 12

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

HANES FOR REGISTER OT	F WILLS	Reporting Period From [1-23]	-09 то 12-31-09
Name of Creditor Mailing Address	DATE		Outstanding Balance of Deb
City	DEBT INCURRED	MO. DAY YEAR State Zip Code (Plus 4)	
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Mailing Address City	DATE DEBT INCURRED	MO. DAY YEAR State Zip Code (Plus 4)	- S
Doscription of Debt			
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Description of Debt	INCURRED	State Zip Code (Plus 4)	
Name of Creditor Mailing Address			Outstanding Balance of Debt
City	DATE DEBT INCURRED	MO. DAY YEAR. State Zip Code (Plus 4)	
Description of Debt			
Enter Grand Total of Unpaid Debts on Page 1,	, Report Cover F	Page, Itam G.	PAGE TOTAL \$ 00,00