

## 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 <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)  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  7. 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>11</b>	<b>3</b>	<b>2015</b>
	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<b>11</b>	<b>24</b>	<b>15</b>		
			TO	<b>12</b>	<b>31</b>	<b>15</b>	
			CASH BALANCE AT END OF REPORTING PERIOD:		\$ <b>553.63</b>		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <b>0</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 26<sup>th</sup> DAY OF JANUARY 2016 COMMONWEALTH OF PENNSYLVANIA

*Edward Lichstein*  
SIGNATURE OF PERSON SUBMITTING REPORT

**EDWARD LICHSTEIN**  
PRINTED NAME

*Kathleen M. Acosta*  
SIGNATURE

**KATHLEEN M. ACOSTA, Notary Public**  
Jenkintown Boro., Montgomery County  
My Commission Expires November 30, 2018

MY COMMISSION EXPIRES \_\_\_\_\_

MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER **872-4923**

## PART II -

If statement is filed on behalf of a Candidate's 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 26<sup>th</sup> DAY OF JANUARY 2016 COMMONWEALTH OF PENNSYLVANIA

*D. Bruce Hanes*  
SIGNATURE OF CANDIDATE

**D. BRUCE HANES**  
PRINTED NAME

*Kathleen M. Acosta*  
SIGNATURE

**KATHLEEN M. ACOSTA, Notary Public**  
Jenkintown Boro., Montgomery County  
My Commission Expires November 30, 2018

MY COMMISSION EXPIRES \_\_\_\_\_

MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER **813-1400**