

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate HANGES FOR REGISTER OF WILLS	Filer Identification Number
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DATE RECEIVED

Full Name of Contributor SOPHIA RAWALI	10 24 2015
Mailing Address 255 S. 17th ST	Amount \$ 500.00
City Philadelphia State PA Zip Code (Plus 4) 19103	
Full Name of Contributor	
Mailing Address	
City State Zip Code (Plus 4)	Amount \$
Full Name of Contributor	
Mailing Address	
City State Zip Code (Plus 4)	Amount \$
Full Name of Contributor	
Mailing Address	
City State Zip Code (Plus 4)	Amount \$
Full Name of Contributor	
Mailing Address	
City State Zip Code (Plus 4)	Amount \$
Full Name of Contributor	
Mailing Address	
City State Zip Code (Plus 4)	Amount \$
Full Name of Contributor	
Mailing Address	
City State Zip Code (Plus 4)	Amount \$
Full Name of Contributor	
Mailing Address	
City State Zip Code (Plus 4)	Amount \$

Name of Person Submitting Report: EDWARD LICHSTEIN Date of Report: 10/24/15
 Contact Phone Number: 215-635-3154
 Email Address: edlichstein@gmail.com

Knopf, Andrea

From: Ed Lichstein <edlichstein@gmail.com>
Sent: Saturday, October 24, 2015 9:26 PM
To: Knopf, Andrea
Subject: 24 Hour reporting
Attachments: 24 Hour Form #2.pdf

Attached is a 24 hour reporting form for Hanes for Register of Wills. He received a 500.00 contribution that I am reporting.

Edward Lichstein, Treasurer
Hanes for Register of Wills