

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: HANES FOR REGISTER OF WILLS											
Street Address: 313 MARVIN ST.											
City: ELKINS PARK				State: PA		Zip Code: 19027					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	<input checked="" type="checkbox"/>	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	YEAR	<input type="checkbox"/>	FILING METHOD () CHECK ONE	<input type="checkbox"/>	PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate: Register of Wills Clerk of Orphans Court (MONTGOMERY COUNTY)					DATE OF ELECTION			District Number	Office Code		
					MO.	DAY	YEAR		Party Code		
					11	7	2017		DEM		
									County Code		
									MONT.		
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
			6	6	2017	TO	10	23			2017
A. Amount Brought Forward From Last Report				\$ 4699.48							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 2050.—							
C. Total Funds Available (Sum of Lines A and B)				\$ 6749.48							
D. Total Expenditures (From Schedule III)				\$ 4100.—							
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 2649.48							
F. Value of In-Kind Contributions Received (From Schedule II)				\$ —							
G. Unpaid Debts and Obligations (From Schedule IV)				\$ —							

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 26th day of OCTOBER 2017.

Signature: [Signature]

My commission expires 10/16/2020

MO. DAY YR.

Signature of Person Submitting Report: Edward Lichstein

Printed Name: EDWARD LICHSTEIN

Area Code: 635 Daytime Telephone Number: 3154

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 26th day of OCTOBER 2017.

Signature: [Signature]

My commission expires 10/16/2016

MO. DAY YR.

Signature of Candidate: D. Bruce Hanes

Printed Name: D. BRUCE HANES

Area Code: 215 Daytime Telephone Number: 813-1400

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Bruce Hanes</i>	Reporting Period From <i>6/6/2017</i> To <i>10/23/2017</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u> — </u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>250—</u>
All Other Contributions (Part B)	\$ <u>800—</u>
TOTAL for the Reporting Period	(2) \$ <u>1050—</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>1000—</u>
All Other Contributions (Part D)	\$ <u> — </u>
TOTAL for the Reporting Period	(3) \$ <u>1000—</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u> — </u>

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.)	\$ <u>2050—</u>
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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 FRIENDS OF BRUCE HANES	Reporting Period From <u>6/6/17</u> To <u>6/23/17</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
T and M ASSOCIATES PAC	6	16	2017	\$ 250.—
Mailing Address 11 TINDALL RD	MO.	DAY	YEAR	\$
City MIDDLETOWN State NI Zip Code (Plus 4) 07748	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 (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 (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 (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 (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 250.—

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				Reporting Period			
HANES for REGISTER of WILLS				From 6/6/2017 to 10/23/2017			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
PETER FRIEDMAN				6	16	2017	\$ 200.-
Mailing Address				MO.	DAY	YEAR	
101 GREENWOOD AVE 5th FLOOR							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
JENKINTOWN	PA	19026 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
AET HAYWOOD				6	14	2017	\$ 150.-
Mailing Address				MO.	DAY	YEAR	
443 RICES MILL RD							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
WYNCOTE	PA	19095 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
DANIEL MUEOFF				6	20	2017	\$ 100.-
Mailing Address				MO.	DAY	YEAR	
6155 Creekside Dr.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
FLORTOWN	PA	19031 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
KENNETH HEYDT				6	14	2017	\$ 125.-
Mailing Address				MO.	DAY	YEAR	
27 TICE LANE							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Perkasie	PA	18944 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
ALLEN MASON				6	14	2017	\$ 125.-
Mailing Address				MO.	DAY	YEAR	
127 Cutham Place							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
LANSDALE	PA	19446					\$
Full Name of Contributor				MO.	DAY	YEAR	
WENDY ASHBY				6	14	2017	\$ 100.-
Mailing Address				MO.	DAY	YEAR	
6362 RIDGE PIKE							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Zionsville	PA	18092-					\$
Full Name of Contributor				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
							\$
Full Name of Contributor				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
							\$
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.							PAGE TOTAL
							\$ 800.-

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 WILLS	Reporting Period From 6/6/2017 To 10/23/2017
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
FOX ROSENCHILD LLP Mailing Address: 2000 MARKET ST 20th FLOOR City: Philadelphia State: PA Zip Code (Plus 4): 19103 -	6	16	2017	\$ 1000 —
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	\$ 1000 —
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate HANES for REGISTER of WILLs	Reporting Period From 6/10/17 To 10/23/17
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To Whom Paid	MO.	DAY	YEAR	Amount
Bruce Hanes	6	16	2017	\$ 1,500. -
Mailing Address 313 MARVIN RD	Description of Expenditure REPAYMENT of loan			
City ELKINS Park	State PA	Zip Code (Plus 4) 19027-		
SUZAN Leonard for DIST. JUDGE	6	29	2017	\$ 150 -
Mailing Address 311 Summeytown Pike	Description of Expenditure CONTRIBUTION			
City North Wales	State PA	Zip Code (Plus 4) 19454 -		
MONTGOMERY COUNTY Dem COMM.	8	7	2017	\$ 750 -
Mailing Address PO BOX 857	Description of Expenditure golf cutting sponsorship			
City NorrisTown	State PA	Zip Code (Plus 4) 19094		
Friends of Napoleon Nelson	9	15	2017	\$ 100 -
Mailing Address 18 POE AVE	Description of Expenditure CONTRIBUTION			
City Wyncote	State PA	Zip Code (Plus 4) 19095-		
Colonial Area Democrats	10	16	2017	\$ 50. -
Mailing Address 4045 Kottler Drive	Description of Expenditure CONTRIBUTION			
City Lafayette Hills	State PA	Zip Code (Plus 4) 19441-		
Zygmund-Felt for Commissioner	10	16	2017	\$ 100 -
Mailing Address 35 Carter Lane	Description of Expenditure CONTRIBUTION			
City ELKINS Park,	State PA	Zip Code (Plus 4) 19027		
Springfield Democrats	10	17	2017	\$ 100. -
Mailing Address 117 Chesney Lane	Description of Expenditure CONTRIBUTION			
City Glenside	State PA	Zip Code (Plus 4) 19038 -		
MONTGOMERY County Dem. Comm.				\$ 1250. -
Mailing Address P.O BOX 857	Description of Expenditure Dinner Tickets and add			
City NORRISTOWN	State PA	Zip Code (Plus 4) 19094 -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 4000-

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate HANES for REGISTEE of WILLS	Reporting Period From 6/6/17 To 10/23/17
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To Whom Paid	MO.	DAY	YEAR	Amount
LABOR PAC AFL-CIO	10	21	2017	\$ 100.-
Mailing Address 1000 Germantown Pike Bldg 5	Description of Expenditure DINNER ticket			
City Plymouth Meeting	State PA	Zip Code (Plus 4) 19462-		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 100.-