

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: ▶		Report Filed by: ▶	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³						
HANES FOR REGISTER OF WILLS											
Street Address: 313 MARVIN ROAD											
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	5. <input checked="" type="checkbox"/>	30-DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	▶ YEAR	FILING METHOD (✓) CHECK ONE		PAPER		DISKETTE			
Name of Office Sought by Candidate: MONTGOMERY COUNTY REGISTER OF WILLS / CLERK OF ORPHANS' COURT				DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
				MO	DAY	YEAR			DEM	46	
				11	2	2010	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from: ▶			MO	DAY	YEAR	To	MO	DAY	YEAR	FOR OFFICE USE ONLY	
			6	7	2010		10	18	2010	RECEIVED OCT 22 P 12:05 OFFICE OF THE COUNTY CLERK MONTGOMERY COUNTY ✓	
A. Amount Brought Forward From Last Report					\$	4501.87					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	1000.00					
C. Total Funds Available (Sum of Lines A and B)					\$	5501.87					
D. Total Expenditures (From Schedule III)					\$	3515.00					
E. Ending Cash Balance (Subtract Line D from Line C)					\$	1986.87					
F. Value of In-Kind Contributions Received (From Schedule II)					\$	00.00					
G. Unpaid Debts and Obligations (From Schedule IV)					\$	00.00					

AFFADAVIT 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

22nd day of October

Signature: Donna L. Murphy

My commission expires 05/09/2011

MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

DONNA L. MURPHY, Notary Public
Bryantown Boro., Montgomery County
My Commission Expires May 9, 2011

Signature of Person Submitting Report: Edward Lichstein

Printed Name: **EDWARD LICHSTEIN**

Area Code: **215** Daytime Telephone Number: **635-3154**

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 9, 1977 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

22nd day of October

Signature: Donna L. Murphy

My commission expires 05/09/2011

MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

DONNA L. MURPHY, Notary Public
Bryantown Boro., Montgomery County
My Commission Expires May 9, 2011

Signature of Candidate: [Signature]

Printed Name: **D. BRUCE HANES**

Area Code: **215** Daytime Telephone Number: **813-1400**

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 00.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 00.00
All Other Contributions (Part B)	\$ 500.00
TOTAL for the Reporting Period (2)	\$ 500.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 00.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 00.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 1000.00
---	-------------------

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 <div style="font-size: 1.2em; font-family: cursive;">HANES FOR REGISTER OF WILLS</div>	Reporting Period From <u>6-7-10</u> To <u>10-18-10</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				
Mailing Address				
City				
State				
Zip Code (Plus 4)				

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

PAGE TOTAL <div style="font-size: 1.2em; font-family: cursive;">\$ 00.00</div>

PART B
All Other Contributions

4 of 13

\$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 HANES FOR REGISTER OF WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee DANIEL MURROFF	6	14	2010	\$ 100.00
Mailing Address 328 WADSWORTH AVE.				\$
City PHILADELPHIA				\$
State PA				
Zip Code (Plus 4) 19111				
Full Name of Contributing Committee OLIVIA BRADY				\$
Mailing Address 728 STANBRIDGE ST.	6	15	2010	\$ 100.00
City NORRISTOWN				\$
State PA				
Zip Code (Plus 4) 19401				
Full Name of Contributing Committee PETER STERN	6	21	2010	\$ 100.00
Mailing Address 209 FERNBROOK ST.				\$
City WYNCOTE				\$
State PA				
Zip Code (Plus 4) 19095				
Full Name of Contributing Committee MARC JONES	7	14	2010	\$ 100.00
Mailing Address 1465 GRANARY RD.				\$
City BLUE BELL				\$
State PA				
Zip Code (Plus 4) 19422				
Full Name of Contributing Committee BETH STERN-FLEMING	8	6	2010	\$ 100.00
Mailing Address 3 ALDERBERRY CT.				\$
City IVYLAND				\$
State PA				
Zip Code (Plus 4) 18974				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 500.00

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 WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL
 \$ **00.00**

PART D
All Other Contributions

6 of 13

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 HANES FOR REGISTER OF WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		
SOPHIA RANALLI	6	14	2010	\$ 500.00	
Mailing Address 112 GOLF HILLS RD.	MO.	DAY	YEAR	\$	
City HAVERTOWN	MO.	DAY	YEAR	\$	
State PA	Zip Code (Plus 4) 19083				
Employer Name SOPHIA RANALLI, ESQ.	Occupation ATTORNEY				
Employer Mailing Address/Principal Place of Business 255 S. 17th ST., PHILA., PA 19103					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

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

PAGE TOTAL \$ 500.00

SCHEDULE II

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 HANES FOR REGISTER OF WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 00.00

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 00.00

3. IN-KIND CONTRIBUTIONS 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
---	-----------------

SCHEDULE II
PART F

8 of 13

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$ 250.00

Name of filing committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

				DATE	AMOUNT
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Description of Contribution					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Description of Contribution					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Description of Contribution					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Description of Contribution					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Description of Contribution					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Description of Contribution					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Description of Contribution					

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ **00.00**

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$ 250.00**

Name of filing committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From <u>6-7-10</u> To <u>10-18-10</u>
---	---

				DATE	AMOUNT
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Piece of Business	Description of Contribution				
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Piece of Business	Description of Contribution				
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Piece of Business	Description of Contribution				
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Piece of Business	Description of Contribution				
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Piece of Business	Description of Contribution				

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 00.00

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 HANES FOR REGISTER OF WILLS	Reporting Period From <u>6-7-10</u> To <u>10-18-10</u>
---	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page Section 4.

PAGE TOTAL \$ 00.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

To Whom Paid	MO	DAY	YEAR	Amount
MONTGOMERY COUNTY DEM. COMM.	6	21	2010	\$ 100.00
Mailing Address 21 EAST AIRY ST.	Description of Contribution FINANCIAL			
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401		
FRIENDS OF RUTH DAMSKER	6	21	2010	\$ 250.00
Mailing Address REGENCY TOWERS, STE. 107	Description of Contribution FINANCIAL			
City WILLOW GROVE	State PA	Zip Code (Plus 4) 19090		
BAPTISTE FOR PA. HOUSE	6	21	2010	\$ 250.00
Mailing Address PO BOX 26735	Description of Contribution FINANCIAL			
City COLLEGEVILLE	State PA	Zip Code (Plus 4) 19426		
MONTGOMERY COUNTY DEM. COMM.	7	29	2010	\$ 1000.00
Mailing Address 21 EAST AIRY ST.	Description of Contribution FINANCIAL			
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401		
HATFIELD AREA DEMOCRATS	8	17	2010	\$ 100.00
Mailing Address 540 COWPATH RD.	Description of Contribution FINANCIAL			
City HATFIELD	State PA	Zip Code (Plus 4) 19440		
FRIENDS OF MARY LOU READINGER	8	24	2010	\$ 250.00
Mailing Address PO BOX 712	Description of Contribution FINANCIAL			
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428		
COMM. TO ELECT RICK TAYLOR	9	13	2010	\$ 250.00
Mailing Address PO BOX 866	Description of Contribution FINANCIAL			
City AMBLER	State PA	Zip Code (Plus 4) 19002		
TIM BEIGGS FOR STATE REP.	9	27	2010	\$ 250.00
Mailing Address PO BOX 62193	Description of Contribution			
City KING OF PRUSSIA	State PA	Zip Code (Plus 4) 19406		

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

PAGE TOTAL
\$2450.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

To Whom Paid	MO.	DAY	YEAR	Amount
MONTGOMERY COUNTY DEM. COMM.	10	6	2010	\$ 565.00
Mailing Address: 21 EAST AIRY ST.				
Description of Contribution: FINANCIAL				
City: NORRISTOWN State: PA Zip Code (Plus 4): 19401				
FRIENDS OF MATT BRADFORD	10	17	2010	\$ 250.00
Mailing Address: 3417 SKIPPACK PIKE, BLDG. F				
Description of Contribution: FINANCIAL				
City: HARLEYSVILLE State: PA Zip Code (Plus 4): 19438				
FRIENDS OF LARRY CURRY	10	17	2010	\$ 250.00
Mailing Address: 413 JOHNSON ST.				
Description of Contribution: FINANCIAL				
City: JENKINTOWN State: PA Zip Code (Plus 4): 19046				
To Whom Paid				\$
Mailing Address				
Description of Contribution				
City State Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Contribution				
City State Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Contribution				
City State Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Contribution				
City State Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Contribution				
City State Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 1065.00

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

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

Name of filing committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 6-7-10 To 10-18-10
---	---

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				MO.	DAY
City				YEAR	\$
Description of Debt				State	Zip Code (Plus 4)
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				MO.	DAY
City				YEAR	\$
Description of Debt				State	Zip Code (Plus 4)
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				MO.	DAY
City				YEAR	\$
Description of Debt				State	Zip Code (Plus 4)
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				MO.	DAY
City				YEAR	\$
Description of Debt				State	Zip Code (Plus 4)
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				MO.	DAY
City				YEAR	\$
Description of Debt				State	Zip Code (Plus 4)
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				MO.	DAY
City				YEAR	\$
Description of Debt				State	Zip Code (Plus 4)

PAGE TOTAL
\$ 00.00

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.