

CAMPAIGN FINANCE REPORT

Commonwealth of Pennsylvania

PAGE 1 OF 2 (COVER PAGE)

(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.}
Name of Filing Committee, Candidate or Lobbyist: HANES FOR REGISTER OF WILLS					
Street Address: 313 MARVIN RD					
City: ELKINS PARK PA		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.} <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR ▶	FILING METHOD () CHECK ONE ▶	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate:
**MONTGOMERY COUNTY Registrar of Wills
Clerk of Orphan's Court**

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR				
11	6	2012				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: ▶	MO.	DAY	YEAR	To	MO.	DAY	YEAR
		10	23		2012		11
A. Amount Brought Forward From Last Report				\$	354.49		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	300. —		
C. Total Funds Available (Sum of Lines A and B)				\$	654.49		
D. Total Expenditures (From Schedule III)				\$	250. —		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	404.49		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	—		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	—		

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2012 NOV 29 P 3:28

OFFICE OF
NOTER SERVICES
MONTGOMERY COUNTY

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 29th day of November 2012

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DONNA L. MURPHY, Notary Public
Jenkintown Boro., Montgomery County
My Commission Expires May 9, 2015

Edward J. Richstein
Signature of Person Submitting Report
EDWARD J. LICHTSTEIN
Printed Name
215 **635-3154**
Area Code Daytime Telephone Number

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 29th day of November 2012

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DONNA L. MURPHY, Notary Public
Jenkintown Boro., Montgomery County
My Commission Expires May 9, 2015

D. BRUCE HANES
Signature of Candidate
D. BRUCE HANES
Printed Name
215 **813-1400**
Area Code Daytime Telephone Number

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

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 10/23/12 to 11/26/12
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	(1)	\$ 50.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ —
All Other Contributions (Part B)		\$ 250.00
TOTAL for the Reporting Period	(2)	\$ 300.00

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

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	(4)	\$ —

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.)	\$ 300.00
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**PART B
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 HANES FOR REGISTER of WILLS	Reporting Period From 10/23/12 To 11/26/12
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor Salvatore Papanone	10	20	12	\$ 250.—
Mailing Address 1520 Brookfield Rd.				\$
City Hardley				\$
State PA				\$
Zip Code (Plus 4) 19067				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL
\$ 250.—

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

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate HANES for Register of wills	Reporting Period From 10/23/12 to 11/26/12
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	MO.	DAY	YEAR	Amount
To Whom Paid MATT Bradford for state Rep	11	3	12	\$ 250.—
Mailing Address PO BOX 349	Description of Expenditure CONTRIBUTION			
City NORRISTOWN	PA	19404		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City				
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City				
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City				
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City				
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City				
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City				
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City				
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City				

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

PAGE TOTAL
\$ 250.—