

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 RD.						
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.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR: 2013	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate: MONTGOMERY COUNTY REGISTER OF WILLS Clerk of ORPHANS COURT			DATE OF ELECTION		District Number	Office Code
			MO. DAY YEAR		Party Code	County Code
					(SEE INSTRUCTIONS FOR CODES)	

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	11	26	2013		12	31	2013
A. Amount Brought Forward From Last Report	\$ 2451.24						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ —						
C. Total Funds Available (Sum of Lines A and B)	\$ 2451.24						
D. Total Expenditures (From Schedule III)	\$ 500. —						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 1951.24						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ —						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ —						

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2014 JAN 17 PM 3:05

OFFICE OF VOTER SERVICES
MONTG. CO. PA

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 17th day of January 2014

Stephanie R. Courtney Signature

My commission expires 17 YR.

Edward Lichtstein Signature of Person Submitting Report

EDWARD LICHTSTEIN Printed Name

215 Area Code 635-3154 Daytime Telephone Number

PART II - If this is a Candidate report, 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 17th day of January 2014

Stephanie R. Courtney Signature

My commission expires 3 12 17 YR.

D. Bruce Hanes Signature of Candidate

D. BRUCE HANES Printed Name

215 Area Code 813-1400 Daytime Telephone Number

NOTARIAL SEAL
STEPHANIE R. COURTNEY, Notary Public
Jenkintown Boro., Montgomery County, PA
My Commission Expires March 12, 2017

• Bureau of Commissions, Elections and Legislation
• Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 11/26/13 To 12/31/13
-----------------------------------------------------------------------------	-------------------------------------------------------------

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> </u>
All Other Contributions (Part B)	\$ <u> </u>
TOTAL for the Reporting Period (2)	\$ <u> </u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u> </u>
All Other Contributions (Part D)	\$ <u> </u>
TOTAL for the Reporting Period (3)	\$ <u> </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 <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>	\$ <u> </u>
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**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 11/26/13 To 12/31/13
-----------------------------------------------------------------------------	-------------------------------------------------------------

To Whom Paid MARY JOE DALEY FOR STATE REP	MO. 12	DAY 4	YEAR 13	Amount \$ 250.—
Mailing Address P.O. BOX 753				
Description of Expenditure CONTRIBUTION				
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428		

To Whom Paid FRIENDS of ALLYSON SCHWARTZ	MO. 12	DAY 17	YEAR 13	Amount \$ 250.—
Mailing Address P.O. BOX 215				
Description of Expenditure CONTRIBUTION				
City Philadelphia	State PA	Zip Code (Plus 4) 19106 -		

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 \$ 500.—
