

# 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: <span style="float:right">▶</span>		Report Filed By: <span style="float:right">▶</span>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>			
Name of Filing Committee, Candidate or Lobbyist: <b>HANES FOR REGISTER OF WILLS</b>											
Street Address: <b>313 MARVIN ST.</b>											
City: <b>ELKINS PARK</b>				State: <b>PA</b>		Zip Code: <b>19027 -</b>					
TYPE OF REPORT  (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input checked="" type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR		FILING METHOD ( ) CHECK ONE <span style="float:right">▶</span>		PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate: <b>MONTGOMERY COUNTY REGISTER OF WILLS / Clerk of Orphans COURT</b>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR				
					11	3	2015		024	Dem	46
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from: <span style="float:right">▶</span>			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			6	9	2015	To	10	19	2015		
A. Amount Brought Forward From Last Report			\$		6033.03						
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		9810. —						
C. Total Funds Available (Sum of Lines A and B)			\$		15843.03						
D. Total Expenditures (From Schedule III)			\$		15182.86						
E. Ending Cash Balance (Subtract Line D from Line C)			\$		660.17						
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

23rd day of October 2015  
James J. Murphy  
Signature

My commission expires

COMMONWEALTH OF PENNSYLVANIA

YR.

Edward Ruckstein  
Signature of Person Submitting Report

EDWARD LICHSTEIN  
Printed Name

215  
Area Code

635-3154  
Daytime Telephone Number

### NOTARIAL SEAL

**PART II - If this is a Candidate report, candidate's Authorized Committee, candidate shall 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 this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1937, No. 100).

Sworn to and subscribed before me this

23rd day of October 2015  
James J. Murphy  
Signature

My commission expires

COMMONWEALTH OF PENNSYLVANIA

YR.

[Signature]  
Signature of Candidate

D. BRUCE HANES  
Printed Name

215  
Area Code

813-1400  
Daytime Telephone Number

### NOTARIAL SEAL

**DONNA L. MURPHY, Notary Public**  
Jenkintown Boro., Montgomery County

State • Bureau of Commissions, Elections and Legislation  
My Commission Expires May 2, 2016 Building • Harrisburg, PA 17120-0029 • (717) 787-5280

## 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			DATE			AMOUNT
HAWES for Register of Wills				From 6/9/15 To 10/19/15			MO.	DAY	YEAR	
Full Name of Contributor PAUL Feldman				8	31	15	\$	250	-	
Mailing Address 820 HOMESTEAD RD.				MO.	DAY	YEAR	\$			
City JENKINTOWN		State PA	Zip Code (Plus 4) 19046 -	MO.	DAY	YEAR	\$			
Full Name of Contributor Lee Albert T.				9	15	15	\$	250	-	
Mailing Address 414 Revere RD				MO.	DAY	YEAR	\$			
City Lafayette Hill		State PA	Zip Code (Plus 4) 19444 -	MO.	DAY	YEAR	\$			
Full Name of Contributor SALVATORE PAPARONE				9	20	15	\$	150	-	
Mailing Address 331 EAST STREET				MO.	DAY	YEAR	\$			
City TREVOSE		State PA	Zip Code (Plus 4) 19053 -	MO.	DAY	YEAR	\$			
Full Name of Contributor PETER FRIEDMAN				9	21	15	\$	250	-	
Mailing Address 106 CHESTON LN				MO.	DAY	YEAR	\$			
City AMBLER		State PA	Zip Code (Plus 4) 19002 -	MO.	DAY	YEAR	\$			
Full Name of Contributor BARRY YACHES				10	7	15	\$	250	-	
Mailing Address 400 GREENWOOD AVE				MO.	DAY	YEAR	\$			
City WYNCOTE		State PA	Zip Code (Plus 4) 19095 -	MO.	DAY	YEAR	\$			
Full Name of Contributor MADELYN Kaufman				10	8	15	\$	100	-	
Mailing Address 101 GREENWOOD SUITE 500				MO.	DAY	YEAR	\$			
City JENKINTOWN		State PA	Zip Code (Plus 4) 19046 -	MO.	DAY	YEAR	\$			
Full Name of Contributor ARTHUR KAPLAN				10	15	15	\$	250		
Mailing Address 1357 ROSE GLEN RD.				MO.	DAY	YEAR	\$			
City GLADWYN		State PA	Zip Code (Plus 4) 19035 -	MO.	DAY	YEAR	\$			
Full Name of Contributor JAMES ROMANO				6	26	15	\$	100	-	
Mailing Address				MO.	DAY	YEAR	\$			
City		State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$			
PAGE TOTAL									\$ 1600	
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.									\$ 1600	

## 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 REGISTERED OF WILLS	Reporting Period From 6/9/15 To 10/19/15
------------------------------------------------------------------------	---------------------------------------------

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
Robert Billet	2124 Naudain ST.	Philadelphia	PA	19146 -	6	27	15	\$ 100.00
SAMUEL Ableser	618 Fox Fields RD	Bryn MAWR	PA	19010 -	7	9	15	\$ 100.00
RUTH DAMSKER	308 Primrose Dr.	LANS DALE	PA	19446 -	7	8	15	\$ 100.00
DAVID Bifulco	123 Willow Brook Dr.	Jeffersonville	PA	19403 -	7	9	15	\$ 100.00
PATRICK Costello	119 Holly Drive.	HAT BORO	PA	19040 -	7	9	15	\$ 250.00
Debra Willig	1845 WALNUT ST 24th floor	Philadelphia	PA	19103 -	<del>8</del> 9	<del>18</del> 18	<del>15</del> 15	\$ <del>250.00</del> 250.00
GUNETT MADEN	711 West Ave	JENKINTOWN	PA	19046 -	7	16	15	\$ 100.00
SCOTT MUSTIN	1507 CLIFF RD	WYNNWOOD	PA	19096 -	8	25	15	\$ 250.00

PAGE TOTAL

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

\$ 1250

# 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 <b>HANES for Registrar of WILLS</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
------------------------------------------------------------------------------	-----------------------------------------------------------

				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
Mel Helfetz	10	16	15	\$	250.—
Mailing Address 304 S 12th St.	MO.	DAY	YEAR		
City Philadelphia	MO.	DAY	YEAR		
State PA					
Zip Code (Plus 4) 19107-					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR		
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4) -					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR		
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4) -					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR		
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4) -					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR		
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4) -					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR		
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4) -					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR		
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4) -					

PAGE TOTAL  
\$ **250**

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

# 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 <b>HANES for REGISTER of WILLS</b>	Reporting Period From <b>6/9/2015</b> To <b>10/19/2015</b>
-----------------------------------------------------------------------------	---------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				
<b>FOX ROTHCILD LLP PAZ</b>	9	21	2015				\$ 1,000.00
Mailing Address <b>2000 MARKET STREET 20TH FLOOR</b>	MO.	DAY	YEAR				\$
City <b>Philadelphia</b>	MO.	DAY	YEAR				\$
State <b>PA</b>	Zip Code (Plus 4) <b>19103 -</b>						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$

PAGE TOTAL  
\$ **1000.00**

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

# PART D ALL OTHER CONTRIBUTIONS

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 <b>HANES for REGISTER of WILLS</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
-----------------------------------------------------------------------------	-----------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
LARRY Averbach	7	9	15				1,000.—
Mailing Address 1000 EASTON RD	MO.	DAY	YEAR				\$
City ABINGTON	MO.	DAY	YEAR	State PA	Zip Code (Plus 4) 19001 -		
Employer Name LARRY Averbach Esq				Occupation A Attorney			
Employer Mailing Address/Principal Place of Business 1000 EASTON RD, ABINGTON, PA 19001							
PAUL GELMAN	8	21	15				500.—
Mailing Address 2091 N. Springdale RD. Suite 17	MO.	DAY	YEAR				\$
City Cherry Hill	MO.	DAY	YEAR	State NJ	Zip Code (Plus 4) 08003 -		
Employer Name HUNTER Title Agency				Occupation A Attorney			
Employer Mailing Address/Principal Place of Business 2091 N Springdale RD Suite 19							
MARGARET Phambolis	8	7	15				300.—
Mailing Address 1012 Bethlehem Pike Suite 103	MO.	DAY	YEAR				\$
City Spring House	MO.	DAY	YEAR	State PA	Zip Code (Plus 4) 19477 -		
Employer Name MARGARET Phambolis				Occupation A Attorney			
Employer Mailing Address/Principal Place of Business 1012 Bethlehem Pike Suite 103, Springhouse, PA 19477							
Robert GREENBAUM	8	20	15				500.—
Mailing Address 1339 Chestnut St. #530	MO.	DAY	YEAR				\$
City Philadelphia	MO.	DAY	YEAR	State PA	Zip Code (Plus 4) 19107 -		
Employer Name Robert Greenbaum & Associates				Occupation A Attorney			
Employer Mailing Address/Principal Place of Business 1339 Chestnut #530, Phila, PA 19107							
Joseph Hoeffel III	8	26	15				750.—
Mailing Address 1908 LYCOMING Ave.	MO.	DAY	YEAR				\$
City ABINGTON	MO.	DAY	YEAR	State PA	Zip Code (Plus 4) 19001 -		
Employer Name MAZA, DAVID E HOFFFEL				Occupation A Attorney			
Employer Mailing Address/Principal Place of Business 321 York RD Suite 218 JENKINTOWN PA 19046							

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

PAGE TOTAL
\$ 3050.—

# PART D ALL OTHER CONTRIBUTIONS

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 <b>HANES for REGISTER of WILLS</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
-----------------------------------------------------------------------------	-----------------------------------------------------------

	DATE	AMOUNT
Full Name of Contributor <b>MICHAEL CLARKE</b>	MO. DAY YEAR <b>9 17 15</b>	\$ <b>1000.—</b>
Mailing Address <b>506 LANTERN LA.</b>	MO. DAY YEAR	\$
City State Zip Code (Plus 4) <b>Philadelphia PA 19026-</b>	MO. DAY YEAR	\$
Employer Name <b>RUDOLPH CLARKE LLC</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>350 SENTRY PARKWAY EAST, Blue Bell, PA 19422</b>		

Full Name of Contributor <b>DIANE ZABOWSKI</b>	MO. DAY YEAR <b>9 9 15</b>	\$ <b>500—</b>
Mailing Address <b>200 MAPLEWOOD DR. UNIT 3</b>	MO. DAY YEAR	\$
City State Zip Code (Plus 4) <b>POTTS TOWN PA 19464-</b>	MO. DAY YEAR	\$
Employer Name <b>Zabowski LAW LLC.</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>117 2nd AVE Collegedale PA 19426</b>		

Full Name of Contributor <b>JOHN MALONE</b>	MO. DAY YEAR <b>9 16 15</b>	\$ <b>500—</b>
Mailing Address <b>7442 OXFORD AVE</b>	MO. DAY YEAR	\$
City State Zip Code (Plus 4) <b>Philadelphia PA 19111-</b>	MO. DAY YEAR	\$
Employer Name <b>LAW OFFICE of John MALONE, Esq. PC</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>7442 OXFORD AVE, Philadelphia, PA 19111</b>		

Full Name of Contributor <b>BARBARA ZULICK</b>	MO. DAY YEAR <b>9 11 15</b>	\$ <b>500—</b>
Mailing Address <b>27 E. AIRY AVE</b>	MO. DAY YEAR	\$
City State Zip Code (Plus 4) <b>NORMSTOWN PA 19401-</b>	MO. DAY YEAR	\$
Employer Name <b>ZULICK LAW LLC</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>27 E AIRY AVE NORMSTOWN 19401</b>		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
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  
**\$ 2500—**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>HANES for REGISTER of WILLIS</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
------------------------------------------------------------------------------	-----------------------------------------------------------

To Whom Paid <b>Friends of Shapiro/ARKOOSH</b>	MO. <b>9</b>	DAY <b>21</b>	YEAR <b>15</b>	Amount <b>\$ 2000.—</b>
Mailing Address <b>PO Box 348</b>				
Description of Expenditure <b>CONTRIBUTION</b>				
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404-</b>		

To Whom Paid <b>PAY PAL</b>	MO. <b>9</b>	DAY <b>17</b>	YEAR <b>15</b>	Amount <b>\$ 14.80</b>
Mailing Address <b>2211 North First ST.</b>				
Description of Expenditure <b>fee for contributions</b>				
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131</b>		

To Whom Paid <b>North Penn Democrats</b>	MO. <b>9</b>	DAY <b>30</b>	YEAR <b>15</b>	Amount <b>\$ 65.—</b>
Mailing Address <b>P.O. Box 1081</b>				
Description of Expenditure <b>CONTRIBUTION</b>				
City <b>LANSDALE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19446</b>		

To Whom Paid <b>Friends of Shapiro/ARKOOSH</b>	MO. <b>9</b>	DAY <b>30</b>	YEAR <b>15</b>	Amount <b>\$ 1500.—</b>
Mailing Address <b>PO Box 348</b>				
Description of Expenditure <b>CONTRIBUTION</b>				
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

To Whom Paid <b>PAY PAL</b>	MO. <b>10</b>	DAY <b>7</b>	YEAR <b>15</b>	Amount <b>\$ 7.55</b>
Mailing Address <b>2211 North First ST</b>				
Description of Expenditure <b>fee for contributions</b>				
City <b>SAN JOSE</b>	State <b>VA</b>	Zip Code (Plus 4) <b>95131</b>		

To Whom Paid <b>CAPITOL PROMOTIONS</b>	MO. <b>10</b>	DAY <b>9</b>	YEAR <b>15</b>	Amount <b>\$ 1259.28</b>
Mailing Address <b>P.O. Box 231</b>				
Description of Expenditure <b>payment for sign</b>				
City <b>glen side</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19028</b>		

To Whom Paid <b>SPRINGFIELD DEMOCRATIC Party</b>	MO. <b>10</b>	DAY <b>12</b>	YEAR <b>15</b>	Amount <b>\$ 175.—</b>
Mailing Address <b>17 Chesney LANE</b>				
Description of Expenditure <b>add and dinner</b>				
City <b>glen side</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19028-</b>		

To Whom Paid <b>PAY PAL</b>	MO. <b>10</b>	DAY <b>15</b>	YEAR <b>15</b>	Amount <b>\$ 9.89</b>
Mailing Address <b>2211 North First ST.</b>				
Description of Expenditure <b>fee for contributions</b>				
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131</b>		

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

PAGE TOTAL  
**\$ ~~5021.63~~  
5036.52**



# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Bruce Hanes</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
------------------------------------------------------------------------	-----------------------------------------------------------

To Whom Paid <b>Mr D's Tees</b>	MO. <b>6</b>	DAY <b>30</b>	YEAR <b>15</b>	Amount <b>\$ 180.-</b>
Mailing Address <b>2446 Huckleberry Way</b>		Description of Expenditure <b>Purchase 7-shirts</b>		
City <b>JAMISON,</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18926</b>		

To Whom Paid <b>Cheltenham Printing</b>	MO. <b>6</b>	DAY <b>30</b>	YEAR <b>15</b>	Amount <b>\$ 59.36</b>
Mailing Address <b>515 Ryers Ave</b>		Description of Expenditure <b>printing</b>		
City <b>Cheltenham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19012 -</b>		

To Whom Paid <b>Friends of Shapiro/Arkoosh</b>	MO. <b>7</b>	DAY <b>15</b>	YEAR <b>15</b>	Amount <b>\$ 276.57</b>
Mailing Address <b>P.O. Box 348</b>		Description of Expenditure <b>contribution</b>		
City <b>NorrisTown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

To Whom Paid <b>MONTGOMERY COUNTY Dem. Comm.</b>	MO. <b>7</b>	DAY <b>15</b>	YEAR <b>15</b>	Amount <b>\$ 1,000.-</b>
Mailing Address <b>PO Box 857</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

To Whom Paid <b>D. Bruce Hanes</b>	MO. <b>7</b>	DAY <b>19</b>	YEAR <b>15</b>	Amount <b>\$ 278.40</b>
Mailing Address <b>313 MARVIN RD</b>		Description of Expenditure <b>Vote Builder subscription</b>		
City <b>ELKINS PARK</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19027-</b>		
<b>1 year.</b>				

To Whom Paid <b>Abby Guster</b>	MO. <b>7</b>	DAY <b>21</b>	YEAR <b>15</b>	Amount <b>\$ 850.-</b>
Mailing Address <b>7938 WALTHAM RD.</b>		Description of Expenditure <b>consultation for fundraiser</b>		
City <b>Cheltenham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19012-</b>		

To Whom Paid <b>Friends of Shapiro/Arkoosh</b>	MO. <b>8</b>	DAY <b>25</b>	YEAR <b>15</b>	Amount <b>\$ 3,000.-</b>
Mailing Address <b>PO BOX 348</b>		Description of Expenditure <b>contribution</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

To Whom Paid <b>Friends of Shapiro/Arkoosh</b>	MO. <b>9</b>	DAY <b>4</b>	YEAR <b>15</b>	Amount <b>\$ 2,000.-</b>
Mailing Address <b>PO BOX 348</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

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

PAGE TOTAL  
**\$ 10,135.33**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>HANES for Registrar of Wills</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
------------------------------------------------------------------------------	-----------------------------------------------------------

To Whom Paid <b>PAY PAL</b>	MO. <b>10</b>	DAY <b>18</b>	YEAR <b>15</b>	Amount <b>\$ 8.58</b>
Mailing Address <b>2211 North First St.</b>				
Description of Expenditure <b>Fee for transactions</b>				
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131</b>		

To Whom Paid <b>PAY PAL</b>	MO. <b>6</b>	DAY <b>27</b>	YEAR <b>15</b>	Amount <b>\$ 7.43</b>
Mailing Address <b>2211 North First St.</b>				
Description of Expenditure <b>Fee for transactions</b>				
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131-</b>		

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 <b>\$ 16.01</b>
-------------------------------

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>HANES FOR REGISTER OF WILLS</b>	Reporting Period From <b>6/9/15</b> To <b>10/9/15</b>
-----------------------------------------------------------------------------	----------------------------------------------------------

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	TOTAL for the Reporting Period	(1) \$ <b>160-</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <b>-</b>
All Other Contributions (Part B)		\$ <b>3100-</b>
	TOTAL for the Reporting Period	(2) \$ <b>3100-</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <b>1000-</b>
All Other Contributions (Part D)		\$ <b>5550</b>
	TOTAL for the Reporting Period	(3) \$ <b>6550</b>

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	<b>\$ 9810-</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------