

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: EUCING 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	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	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER		DISKETTE	

Name of Office Sought by Candidate: MONTGOMERY COUNTY Register of WILLS / Clerk of Orphans Court.	DATE OF ELECTION MO. DAY YEAR 11 3 2015	District Number	Office Code DEM	Party Code DEM	County Code 46
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(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	10 20 2015		11 23 2015	
A. Amount Brought Forward From Last Report	\$		660.17	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		3659.98	
C. Total Funds Available (Sum of Lines A and B)	\$		4320.15	
D. Total Expenditures (From Schedule III)	\$		3709.72	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		610.43	
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
1st day of December 20 15

Signature of Person Submitting Report: Edward Lichstein
Printed Name: EDWARD LICHSTEIN
Area Code: 215 Daytime Telephone Number: 635-3154

Signature: Stephanie R. Courtney
My commission expires: 17 DAY YR.

NOTARIAL SEAL
STEPHANIE R. COURTNEY, Notary Public
Jenkintown Boro, Montgomery County, PA

PART II - My Campaign Sponsor, 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
1st day of December 20 15

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

Signature: Stephanie R. Courtney
My commission expires: 3 12 17 DAY YR.

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

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

State • 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	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>210 -</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>1449.98</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>500 -</u>
All Other Contributions (Part D)	\$ <u>1500 -</u>
TOTAL for the Reporting Period (3)	\$ <u>2000 -</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>3659.98</u>
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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 WILLIS	Reporting Period From 10/20/15 To 11/23/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
KEN MIRSKEY	10	20	15	\$ 100.00
Mailing Address 2033 WALNUT ST.	MO.	DAY	YEAR	\$
City Philadelphia	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19103 -				
MICHAEL ROGERS	10	20	15	\$ 100.00
Mailing Address 510 TOWNSHIP LINE RD	MO.	DAY	YEAR	\$
City BLUE BELL	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19422 -				
EDWARD MOTZINK	10	20	15	\$ 100.00
Mailing Address 4700 ELLSWORTH AVE	MO.	DAY	YEAR	\$
City Pittsburgh	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 15213 -				
BENJAMIN HANEY	10	22	15	\$ 250.00
Mailing Address 2529 PARRISH ST.	MO.	DAY	YEAR	\$
City Philadelphia	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19130 -				
ROBERT BETTIKER	10	22	15	\$ 199.99
Mailing Address 141 BELMONT AVE	MO.	DAY	YEAR	\$
City Ambler	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19002 -				
ROBERT GRUNDMEIER	10	24	15	\$ 199.99
Mailing Address 141 BELMONT AVE	MO.	DAY	YEAR	\$
City AMBLER	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19002 -				
LUKE HALINSKI	10	25	15	\$ 250.00
Mailing Address 101 HEDGEROW WAY	MO.	DAY	YEAR	\$
City LANSDALE	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19446 -				
DAVID Wolfe	10	10	15	\$ 250.00
Mailing Address 436 RICES MILL RD.	MO.	DAY	YEAR	\$
City WYNCOTE	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19095 -				

PAGE TOTAL

\$ 1449.98

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 FRIENDS OF BRUCE HANES	Reporting Period From 10/20/15 to 11/23/15
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
FRIENDS of PAUL STEINER				10	20	15	\$ 500.-
Mailing Address				MO.	DAY	YEAR	
PO BOX 22707							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Philadelphia		PA	19110-				\$
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	
			-				\$

PAGE TOTAL	\$ 500.-
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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 HANES for REGISTER OF WILLs	Reporting Period From 10/20/2015 to 11/23/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
SOPHIA PANALDI	10	20	15	\$ 500.-
Mailing Address 255 S 17th ST.	MO.	DAY	YEAR	\$
City Philadelphia	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19103-			\$
Employer Name - retired -	Occupation -			
Employer Mailing Address/Principal Place of Business -				

JOHN McCLAIN	10	25	15	\$ 500.-
Mailing Address 624 MONTGOMERY School LA	MO.	DAY	YEAR	\$
City WYNWOOD	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19096-			\$
Employer Name JOHN L McCLAIN & ASSOCIATES	Occupation Attorney			
Employer Mailing Address/Principal Place of Business PO Box 123 NARBERTH, PA 19072				

MITCHELL PRINCE	10	25	15	\$ 500.-
Mailing Address 624 MONTGOMERY School LA	MO.	DAY	YEAR	\$
City WYNWOOD	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19096-			\$
Employer Name MITCHELL PRINCE	Occupation Attorney			
Employer Mailing Address/Principal Place of Business 1420 WALNUT ST. Suite 318 Philadelphia PA 19102				

Full Name of Contributor	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 Contributor	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
\$

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate HAVES FOR REGISTERED OF WILLS	Reporting Period From 10/20/2015 to 11/23/2015
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To Whom Paid PAY PAL	MO. 10	DAY 26	YEAR 2015	Amount \$ 85.70
Mailing Address 2211 NORTH FIRST ST.		Description of Expenditure FEE FOR TRANSACTIONS		
City SAN JOSE	State CA	Zip Code (Plus 4) 95131 -		

To Whom Paid FRIENDS OF SHAPIRO/ARKOOSH	MO. 10	DAY 25	YEAR 2015	Amount \$ 1000.-
Mailing Address PO BOX 348		Description of Expenditure CONTRIBUTION		
City NORRISTOWN	State PA	Zip Code (Plus 4) 19404 -		

To Whom Paid FRIENDS OF SHAPIRO/ARKOOSH	MO. 10	DAY 29	YEAR 2015	Amount \$ 1000 -
Mailing Address P.O. BOX 348		Description of Expenditure CONTRIBUTION		
City NORRISTOWN	State PA	Zip Code (Plus 4) 19404 -		

To Whom Paid LA PAZZA BAR	MO. 10	DAY 31	YEAR 15	Amount \$ 500 -
Mailing Address 1251 FERRY ST.		Description of Expenditure FOOD FOR FUNDRAISER		
City EASTON	State PA	Zip Code (Plus 4) 18042 -		

To Whom Paid Cheltenham PRINTING	MO. 11	DAY 4	YEAR 2015	Amount \$ 124.02
Mailing Address 515 Ryers Ave		Description of Expenditure PRINTING		
City Cheltenham	State PA	Zip Code (Plus 4) 19012 -		

To Whom Paid FRIENDS OF SHAPIRO/ARKOOSH	MO. 11	DAY 23	YEAR 15	Amount \$ 1000 -
Mailing Address PO BOX 348		Description of Expenditure CONTRIBUTION		
City NORRISTOWN	State PA	Zip Code (Plus 4) 19404 -		

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 \$ 3709.72
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