

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)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY	3.
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.
	ANNUAL REPORT	7.	YEAR <input type="checkbox"/>		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		District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR			
				11	3	2015		04	DEM 46
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	1	1	2016		4	11	2016	
A. Amount Brought Forward From Last Report				\$	553.63			OFFICE OF VOTER SERVICES 2016 APR 14 PM 12:22
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	1000.00			
C. Total Funds Available (Sum of Lines A and B)				\$	1553.63			
D. Total Expenditures From Schedule III				\$	5924.00			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	-4370.37			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	-			
G. Unpaid Debts and Obligations (From Schedule IV)				\$	5,000.00			

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 14 day of April

James Drees
Signature

My commission expires 3 16 2020
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Dianna Dillio, Notary Public
Norristown Boro, Montgomery County
My Commission Expires March 16, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Edward Lichtenstein
Signature of Person Submitting Report

LICHSTEIN
Printed Name

215
Area Code

635-3154
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 14 day of April

James Drees
Signature

My commission expires 3 16 2020
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Dianna Dillio, Notary Public
Norristown Boro, Montgomery County
My Commission Expires March 16, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

D. BRUCE HANES
Signature of Candidate

D. BRUCE HANES
Printed Name

215
Area Code

813-1400
Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate HANES for Registrar of WILLS	Reporting Period From <u>1/1/2016</u> To <u>4/11/2016</u>
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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>1000.00</u>
	TOTAL for the Reporting Period	(3) \$ <u>1000.00</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$ <u>1000.00</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>1000.00</u>
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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 LIANES FOR REGISTER OF WILLS	Reporting Period From <u>1/1/2016</u> To <u>4/10/2016</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Michael Clark	4	4	2016	\$ 1000.00
Mailing Address 506 LATERN AVE	MO.	DAY	YEAR	\$
City Philadelphia State PA Zip Code (Plus 4) 19128 -	MO.	DAY	YEAR	\$
Employer Name RUDOLPH CLARKE LLC	Occupation LAWYER			
Employer Mailing Address/Principal Place of Business 350 SENTRY PARKWAY, BLUE BELL PA 19422				

Full Name of Contributor	DATE			AMOUNT
	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				

Full Name of Contributor	DATE			AMOUNT
	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				

Full Name of Contributor	DATE			AMOUNT
	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				

Full Name of Contributor	DATE			AMOUNT
	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 \$ 1000
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 1/1/2016 to 4/11/2016
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To Whom Paid Friends of Shapiro/ARKOOSH	MO.	DAY	YEAR	Amount
Mailing Address P.O. BOX 348	1	4	2016	\$ 5,000 -
City NORRISTOWN	State PA		Zip Code (Plus 4) 19404	Description of Expenditure CONTRIBUTION

To Whom Paid MONTGOMERY COUNTY DEM COMMT	MO.	DAY	YEAR	Amount
Mailing Address P.O. BOX 857	1	4	2016	\$ 500. -
City NORRISTOWN	State PA		Zip Code (Plus 4) 19404	Description of Expenditure CONTRIBUTION

To Whom Paid Shapiro for PA.	MO.	DAY	YEAR	Amount
Mailing Address P.O. BOX 1238	2	19	2016	\$ 50. -
City NORRISTOWN	State PA		Zip Code (Plus 4) 19404-	Description of Expenditure CONTRIBUTION

To Whom Paid Liberty City LGBT Democrats	MO.	DAY	YEAR	Amount
Mailing Address P.O. BOX 58385	3	9	2016	\$ 100. -
City Philadelphia	State PA		Zip Code (Plus 4) 19112-	Description of Expenditure CONTRIBUTION

To Whom Paid Democratic Committee of Dist 15	MO.	DAY	YEAR	Amount
Mailing Address 530 SPRING LANE	4	3	2016	\$ 250. -
City WYNDMOOR	State PA		Zip Code (Plus 4) 19038	Description of Expenditure DINNER AND MORE

To Whom Paid PNC BANK.	MO.	DAY	YEAR	Amount
Mailing Address EASTON RD	4	1	2016	\$ 24 -
City Glenside	State PA		Zip Code (Plus 4) 19038	Description of Expenditure Service charge 2 months

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	Description of Expenditure
			-	

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State		Zip Code (Plus 4)	Description of Expenditure
			-	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 5924 -
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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 1/1/2016 To 4/1/2016
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Name of Creditor BRUCE HANES				Outstanding Balance of Debt \$ 5,000.00	
Mailing Address 313 MARVIN RD	DATE DEBT INCURRED	MO. 1	DAY 4	YEAR 2016	
City ELKINS PARK		State PA	Zip Code (Plus 4) 19027		
Description of Debt LOAN TO CAMPAIGN					

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

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

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

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

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

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

PAGE TOTAL
\$ 5000.00