

# 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 RD</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)	1. <input type="checkbox"/> 30 DAY PRE-PRIMARY	2. <input type="checkbox"/> 60 DAY PRE-PRIMARY	3. <input checked="" type="checkbox"/> 30 DAY POST-PRIMARY		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	4. <input type="checkbox"/> 30 DAY PRE-ELECTION	5. <input type="checkbox"/> 60 DAY PRE-ELECTION	6. <input checked="" type="checkbox"/> 30 DAY POST-ELECTION		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	7. <input type="checkbox"/> ANNUAL REPORT	YEAR <span style="float:right">▶</span>		FILING METHOD <span style="float:right">▶</span> ( ) CHECK ONE		PAPER		DISKETTE			
Name of Office Sought by Candidate: <b>MONTGOMERY COUNTY REGISTER OF WILLS / CLERK OF COURT DEPTMAS COURT</b>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					NO.	DAY	YEAR				
					<b>11</b>	<b>8</b>	<b>2016</b>			<b>DEM</b>	<b>46</b>
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from: <span style="float:right">▶</span>			NO.	DAY	YEAR	To	NO.	DAY	YEAR		
			<b>4</b>	<b>12</b>	<b>2016</b>		<b>5</b>	<b>16</b>	<b>2016</b>		
A. Amount Brought Forward From Last Report		\$		<b>- 4370.37</b>							
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		<b>1350. —</b>							
C. Total Funds Available (Sum of Lines A and B)		\$		<b>- 3020. —</b>							
D. Total Expenditures (From Schedule III)		\$		<b>15.50</b>							
E. Ending Cash Balance (Subtract Line D from Line C)		\$		<b>- 3035.50</b>							
F. Value of In-Kind Contributions Received (From Schedule II)		\$		<b>—</b>							
G. Unpaid Debts and Obligations (From Schedule IV)		\$		<b>5,000. —</b>							

**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

19 day of May

*[Signature]*  
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

*[Signature]*  
Signature of Person Submitting Report

**Edward Licuistein**  
Printed Name

**635-3154**  
Area Code

**635-3154**  
Daytime Telephone Number

MAY 20 PM 1:25

**PART II** If this is a report of a Candidate, Committee, or Candidate 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

19 day of May

*[Signature]*  
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

*[Signature]*  
Signature of Candidate

**J. 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 Register of Wills	Reporting Period From 4/12/2016 To 5/17/2016
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 100 —

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ —
All Other Contributions (Part B)	\$ 750 —
TOTAL for the Reporting Period (2)	\$ 750 —

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ —
All Other Contributions (Part D)	\$ 500 —
TOTAL for the Reporting Period (3)	\$ 500 —

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

<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.)	\$ 1350 —
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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 <u>HANES for REGISTER of WILLS</u>	Reporting Period From <u>4/12/16</u> To <u>5/17/16</u>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
<u>PAUL FELDMAN</u>	<u>820 HOMESTEAD RD</u>	<u>JENKINTOWN,</u>	<u>PA</u>	<u>19046 -</u>	<u>5</u>	<u>8</u>	<u>16</u>	\$ <u>250.00</u>
<u>BERNARD McLAFFERTY</u>	<u>807 Bethlehem Pike</u>	<u>ERDENHEIM</u>	<u>PA</u>	<u>19038 -</u>	<u>5</u>	<u>3</u>	<u>16</u>	\$ <u>250.00</u>
<u>Mel HEIFETZ</u>	<u>304 S. 12th St.</u>	<u>Philadelphia</u>	<u>PA</u>	<u>19107 -</u>	<u>5</u>	<u>4</u>	<u>16</u>	\$ <u>250.00</u>
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$

PAGE TOTAL  
\$ 750.00

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

**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>4/12/16</b> To <b>5/16/16</b>
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				DATE			AMOUNT
Full Name of Contributor <b>Robert Slutsky</b>				MO.	DAY	YEAR	\$ 500.—
Mailing Address <b>121 Black WALNUT LA</b>				MO.	DAY	YEAR	
City <b>PLYMOUTH MEETING</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19462-</b>		MO.	DAY	YEAR	\$
Employer Name <b>Robert Slutsky Associates</b>				Occupation <b>Attorney</b>			
Employer Mailing Address/Principal Place of Business <b>121 BLACK WALNUT LANE, PLYMOUTH MEETING, PA 19462</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							
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							
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							
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  
\$ **500.—**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>HANES for REGISTER OF WILLIS</b>	Reporting Period From <b>4/12/16</b> To <b>5/17/16</b>
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To Whom Paid <b>PAY PAL</b>	MO. <b>5</b>	DAY <b>6</b>	YEAR <b>16</b>	Amount <b>\$ 3.50</b>
Mailing Address <b>2211 NORTH FIRST ST.</b>	Description of Expenditure <b>fee for transactions</b>			
City <b>SAN JOSE CA</b>	State <b>9513</b>	Zip Code (Plus 4) <b>-</b>		

To Whom Paid <b>PNC BANK</b>	MO. <b>5</b>	DAY <b>2</b>	YEAR <b>16</b>	Amount <b>\$ 12.-</b>
Mailing Address <b>EASTON RD.</b>	Description of Expenditure <b>service charge.</b>			
City <b>QUENSDALE</b>	State <b>VA</b>	Zip Code (Plus 4) <b>19028-</b>		

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

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

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

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

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

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
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>\$ 15.50</b>
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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 <b>HANES for REGISTERED of WILLS</b>	Reporting Period From <b>4/12/16</b> To <b>5/17/16</b>
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Name of Creditor <b>BRUCE HANES</b>				Outstanding Balance of Debt <b>\$ 5,000</b>	
Mailing Address <b>313 MARION RD</b>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <b>ELKINS PARK</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19027</b>		
Description of Debt					

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

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

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

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

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
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 <b>\$ 5000</b>
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