

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)	5TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	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	
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER	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	
					5	16	2017		DEM	
					(SEE INSTRUCTIONS FOR CODES)				County Code	
FOR OFFICE USE ONLY										
Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR		
		1	1	2017	To	5	1	2017		
A. Amount Brought Forward From Last Report		\$ 1927.48								
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 500.-								
C. Total Funds Available (Sum of Lines A and B)		\$ 2427.48								
D. Total Expenditures (From Schedule III)		\$ 455.-								
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 1972.48								
F. Value of In-Kind Contributions Received (From Schedule II)		\$ -								
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 2500.-								

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

3rd day of May 2017

Kathleen M. Acosta
Signature

My commission expires

COMMONWEALTH OF PENNSYLVANIA

MO. NOTARIAL SEAL
KATHLEEN M. ACOSTA, Notary Public

Edward Lichstein

Signature of Person Submitting Report

Edward 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

3rd day of May 2017

Kathleen M. Acosta
Signature

My commission expires

COMMONWEALTH OF PENNSYLVANIA

MO. NOTARIAL SEAL
KATHLEEN M. ACOSTA, Notary Public

Jenkintown Boro., Montgomery County
My Commission Expires November 30, 2018

D. Bruce Hanes

Signature of Candidate

D. BRUCE HANES

Printed Name

215

Area Code

813-1400

Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation

210 North Office Building • 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 11/17 To 5/1/17
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ —

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

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

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

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>	\$ 500.—
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate HANES for Register of Wills	Reporting Period From 1/1/2017 To 5/1/2017
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To Whom Paid MONTGOMERY COUNTY Dem Womens Leadership W.	MO.	DAY	YEAR	Amount
Mailing Address 506 W. Heather RD	1	30	2017	\$125.-
City Oreland	State PA		Zip Code (Plus 4) 19075-	Description of Expenditure DINNER tickets

To Whom Paid JENKINTOWN DEMOCRATIC COMM.	MO.	DAY	YEAR	Amount
Mailing Address 250 Wyncote RD	2	4	2017	\$100.-
City JenKintown	State PA		Zip Code (Plus 4) 19046	Description of Expenditure CONTRIBUTION

To Whom Paid Lower Merion Dem. Comm.	MO.	DAY	YEAR	Amount
Mailing Address P.O. Box 522	4	30	17	\$ 80.-
City Haverford	State PA		Zip Code (Plus 4) 19041-	Description of Expenditure DINNER tickets

To Whom Paid Abington/Rockledge Democratic Comm	MO.	DAY	YEAR	Amount
Mailing Address P.O. Box 132	4	30	17	\$ 80.-
City Abington	State PA		Zip Code (Plus 4) 19001-	Description of Expenditure DINNER tickets

To Whom Paid Cheltenham Democratic Comm.	MO.	DAY	YEAR	Amount
Mailing Address 211 Waverly RD	4	30	2017	\$ 70.-
City glenSide	State PA		Zip Code (Plus 4) 19038	Description of Expenditure DINNER tickets

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

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
\$ 455 -

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 HANES for REGISTERED of WILLS	Reporting Period From <u>11/17</u> To <u>5/1/12</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
SOON KYUNG YOON	2	20	2017	\$ 500.—
Mailing Address 370 MAYFIELD AVE	MO.	DAY	YEAR	\$
City ELKINS PARK	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19027 -			
Employer Name 370 MAYFIELD AVE	Occupation Sales / Business			
Employer Mailing Address/Principal Place of Business ELKINS PARK, PA 19027				

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				

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
\$ 500.—

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 1/1/17 To 5/1/17
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Name of Creditor D. BRUCE HANES					Outstanding Balance of Debt \$ 2500.00	
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
\$ 2500.00