Commonwealth of Pennsylvania

Campaign Finance Report



()	NOTE: This report mus	st be <u>clear an</u>	d legible. It	may be	typed or printed	l in blue o	r black ink.)			
Filer Identification Number:	•		Report Filed by	: •	CANDIDATE	1	COMMITTEE	X	LOBBYIST	3.
HANES F	OR RE	GIST	TER	0	F WI	LL	<u>S</u>			
1	IIN RP									
City ELKINS I					State: PA	z	ip Code 190	2	7	
TYPE OF REPORT	T		FRIDAY -PRIMARY	2.	30-DAY POST PRIMARY	\sim	AMENDMENT REPORT?	YES	NC	>
(place X to	6TH TUESDAY PRE-ELECTION		FRIDAY	5.	30-DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NC.	,
the right of report type)	ANNUAL		YEAR		FILING METHOD	JE D	PAPER		DISKETT	E
Name of Office Sought by Candidate MONT60MERY	REPORT	15			DATE OF EL		District Number	Office Code	Party Code	County Code
				ŀ	MO. DAY	YEAR	-	Code	DEM	46
REGISTER OF	MILLS			:	5 18	2010	(SEE INST	RUCTIONS F	
Summary of Receipts		MO. DAY	YEAR		MO. DAY	YEAR	FOR	OFFIC	E USE ON	ILY
and Expenditures from:	•	5 4	2010	™	67	2010	_			
A. Amount Brought Forward From L	ast Report			\$	354.	13	1			
B. Total Monetary Contributions and	Receipts (From Schedule	e I)		\$ 5	925.	00	1			l.
C. Total Funds Available (Sum of Li	nes A and B)			\$ 6	279.	13] <<		2010	\Box
D. Total Expenditures (From Sched	ule III)			\$	777.	26]			$\widetilde{\sqcap}$
E. Ending Cash Balance (Subtract L	ine D from Line C)			\$ 4	501.	<u>87 </u>		7		\bigcirc
F. Value of In-Kind Contributions Re	ceived (From Schedule II)		\$	<u> </u>	<u>500</u>		<u>취</u>		
G. Unpaid Debts and Obligations (F	rom Schedule IV)			\$	OD.	50	그 원활		Ţ	\leq
· · · · · · · · · · · · · · · · · · ·		Α	FFADAVIT	SECTIO	ON .			וד. י	.=	
PART I – If this is a Committee	report, treasurer sign	here. If this i	is a Candida	ite repoi	t, candidate sig	n here.			<u>+</u>	
I swear (or affirm) that this report, inc	luding the attached schedul	les, on paper or	computer diske	ette, are to	the best of my kno	owledge and	belief true, correc	ct and cor	mplete.	
Sworn to and subscribed before me t					\$,	. 0			
- 16 th day of Just	4	20/0			_cd	Signat	ure of Person Sub	mitting R	Report	<u></u>
Anna O	Much	1			ED	WAR	D LIC	'H5	TEIN	J
Sign	nature	•				•	Printed Nar	ne _		·
My commission expiresMO.	5 09 30	<u>"//</u>			7 215 Area	Code	635 ·		none Number	
							\wedge			
PART II — If the Charles two 5x 1 swear (or a firm) that to the beside						Act of June 3				
(P.L. 1333, No. 320) DONNA L. N	IURPHY, Notary Publ	lic i	iii(ee iias iiot vi	olated all	y provisions Land		417/h <i>3</i>	S		
Sworn to and subscient infown B	bro., Montgomery Cou ion Expires May 9, 20			•		*	W			
16th day of 2 way		20 70			4	16.	Signature of Ca	1 .	• • •	
Ahra D'	Musky nature				> \\(\mathcal{D}_{	YKK!	1321	1741	152	
,	1. /19/21	5//			215		712	™ / t	1m	
My commission expiresMO.	DAY YE	₹.			J Area	Code	Daytin	ne Teleph	none Number	-

NOTARIAL SEAL

NOTARIAL SEAL

DONNA L. MURPHY, Notary Public

Jenkiritown Boro., Montgomery County

My Commission Expires May 9, 2011

SCHEDULE I Contributions and Receipts

Detailed Summary Page

, ,	
Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period To 6-7-10
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIB	UTOR
TOTAL for the Reporting Period (1)	s 100.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 00.00
All Other Contributions (Part B)	\$ 4825.00
TOTAL for the Reporting Period (2)	\$ 4825.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 00.00
All Other Contributions (Part D)	\$ 1000.00
TOTAL for the Reporting Period (3)	s 1000.00
4. OTHER RECEIPTS – REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC.	(FROM PART E)
TOTAL for the Reporting Period (4)	\$ 00.00
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.)	\$ 5925.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Reporting Period

Name of Filing Committee or Candidate					Reporting Period	d	1210
HANES FOR	REGISTER	of_	WILLS		From 5	4-10	o ₁₀ 6-7-10
					DATE		AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
		Otalic			5414	V#15	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address	-			MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Fuli Name of Contributing Committee			<u>-</u>	MO.	DAY	YEAR	\$
				MO.	DAY	VEAR	
Mailing Address						YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·	<u> </u>	I ,	MO.	DAY	YEAR	
				MQ.	DAY	YEAR	\$
Mailing Address						TEAR	\$
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	\$
			-	140	547	VEAD	-
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			_	MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
			-				·
Enter Grand Total of Part	A on Schedule I. Deta	iled Si	ummary Page. S	ection	ո 2.		PAGE TOTAL
widing total of 1 att.			,				\$ 00.00

\$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
HANES FOR	REGISTER	0F	WILLS	1 m 1 m 1

			DATE			AMOUNT
DENNIS L. FRIEDMAN		мо. 5	24	YEAR ZOID	\$	250.00
Mailing Address MARKET ST., STE.	714	MO.	DAY	YEAR	\$	
CHY PHILADELPHIA	PA 19 (02 (Pus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee ABLOESER		мо.	26	YEAR 2010	\$	100.00
Mailing Address Fox FIELD RD.		Mo.	DAY	YEAR	\$	100-00
CHYBRYN MANR	PB 1900 (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee ANNA MARIE ROMANO		мо.	26	YEAR 2010	\$	100.00
Z896 HICKORY HILL DR.		MO.	DAY	YEAR	\$	100.00
CHYWORCESTER	PB (9490)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee WEND ASHBY		Mo.	DAY	YEAR	\$	250.00
Mailing Address RIDGE RD.		MO.	DAY	ZO14 YEAR	<u> </u>	230.00
CITZIONSVILLE	PA 18892	MO.	DAY	YEAR	<u> </u>	
Full Name of Contributing Committee	1 1 180-7 L	MO.	DAY	YEAR		• • •
		5 Mo.	27 DAY	2010 YEAR		100.00
Maying ACT AIRY ST	Onto 7in Code (Ohio 4)	MO.	DAY	YEAR	\$	
"NORRI STOWN	PA 19901				\$	
FURNIBILLE T		мо. 5	2 ₃	201 D	\$ 4	250.00
M36 MULBERRY LANE		MO.	DAY	YEAR	\$	
ELKINS PARK	PA 19027	MO.	DAY	YEAR	\$	
FEDWARD CHERI		мо.	DAY	YEAR 2010	\$	150.00
Matingaidas LUKENS LANE		MO.	DAY	YEAR	\$	100.00
C11 -	PH 19046	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee CIAL		Мо.	DAY 27	YEAR 2010	\$	250.00
440 AVE. OF THE ARTS # 29	304	Mo.	DAY	YEAR	\$	
	PA 19146	MO.	DAY	YEAR	\$	
	<u> </u>				PAGE	TOTAL

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

PAGE TOTAL \$ 1450.00

\$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.)

				Reporting Period
HANES FOR REG	ISTER 0	FL	WILLS	From 5-4-10 To 6-7-10

				DATE			AMOL	INT
Full Name of Contributing Committee KENNETH HEYDT			Mo.	DAY 27	2010	\$	100	
Mailing Address TICE LANE			MO.	DAY	YEAR	5	100	
PERKASIE	PA	2944 2944	MO.	DAY	YEAR	s		
JOSEPH HOEFFEL	1	<u> </u>	MO.	DAY	YEAR		20	
1908 LYCOMING AVE.			Mo.	27 DAY	2010 YEAR		250	.00
	Plata Zi	Code (Phis 4)	MO.	DAY	YEAR	\$		
ABINGTON Full Warpe of Contributing Committee	PAT	1001	MO.	DAY	YEAR	\$		
KATHLEEN MALCOLM			5	27	2010	\$	250	.00
MARYLAND DR. PO	Box ?	7544	MO.	DAY	YEAR	\$		
FT. WASHINGTON	PA T	9034	MO.	DAY	YEAR	\$		
ROBERT PAUL			MO.	DAY フユ	YEAR ZO O	\$	250.	10
345 N. BOWMAN AVE.			MO.	DAY	YEAR	s		
MERION STATION	PA-7	9066	MO.	DAY	YEAR	s		
FAMANDA CEEDER	1 10 1	1000	MO.	DAY	YEAR	_	72	
	210 1			27 DAY	2010 YEAR		75	. 00
8460 LIMEKILN PIKE, # 2		Code (Pro 44)	MO.	DAY	YEAR	\$		****
DYNCOTE	PH 19	10.95				\$		
JAS 6 Noving ALLUS			м о.	27 27	1010	\$	250	00.
510 MAPLE STREET	-		MO.	DAY	YEAR	\$		
CONSHOHOCKEN	PB 19	42 %	MO.	DAY	YEAR	\$		
FANTHONY SALVITTI		100	мо.	DAY 27	YEAR 2010	\$	250	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
14 M 44 A	KΣ		MO.	DAY	YEAR	<u> </u>	<u> </u>	.00
"HUNTINGTON VALLEY		1006	MO.	DAY	YEAR	<u> </u>		r
	1 10 1	1000	MO.	DAY	YEAR			
MICHAEL SULLIVAN Mailing Address			5	27 DAY	2010 YEAR	\$	100.	σD
Mainta Addi CLEARVIEW AVE.						\$		<u></u>
CHALFONT	PA 18	729	MO.	DAY	YEAR	\$		
Enter Grand Total of Part B on Schedule I, Detaile	d Summary	Page, Sect	tion 2.				TOTAL	. 60
	•	•			L	* [<u>525</u>	. 00

\$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 Cano	idate				Reporting Period	
HANES	FOR	REGISTER	OF	WILLS	From 5-4-10 _{To}	6-7-10

			DATE		AMOUNT
Full Aame of Contributing Committee A. L. TENNEY		MO.	27	2010	\$ 250.00
Maine Address EAST WALNUT ST.		MO.	DAY	YEAR	\$
NORTH WALES	PA 19454	MO.	DAY	YEAR	\$
	1.41	MO.	DAY	YEAR	\$ 250.00
BARBARA ZUUCK		5 wo.	27 DAY	ZO10 YEAR	
Mailing Addres AST AIRY ST.	Zin Coder/Plus A)	MO.	DAY	YEAR	\$
NORRISTOWN	PB (940°°)				\$
Full Name of Contributing Committee THOMAS JENNINGS		MO.	BAY S	ZOI O	\$ 100.00
MIN 350 FARMAL COURT		MO.	DAY	YEAR	\$
MARDLEY	PA-19067	MO.	DAY	YEAR	\$
Full Name of Contributing Committee R. EMMETT MADDEN		мо, 6	DAY 3	YEAR	\$ 250.00
_	-	MO.	DAY	YEAR	\$
Mailing Address ELEENWOOD AVE., STE.		MO.	DAY	YEAR	
JENKINIOMN	PA 19046		DAY	300.00	\$
HOWARD ROVNER		<u>9</u> .	3		\$ 250.00
1165 WILLARD RD		MO.	DAY	YEAR	\$
HUNTINGDON VALLEY	PB 1988	MO.	DAY	YEAR	\$
FROBLET SCUTSKY		MQ.	DAY	YEAR	\$150.00
MI950 BUTLER PIKE #2	<i>(.0</i>	MO.	DAY	YEAR	\$
		MO.	DAY	YEAR	s
CONSHOHOCKEN Eight Name of Contributing Competition	PA 19428	MQ	DAY	YEAR	
CHRISTOPHER GIBBONS		999	DAY DAY	2010	•
Mailing Address RONVILLE PIKE		100.			\$
COLUMBIA	PB 17512	MO.	DAY	YEAR	\$
DHVID BUSCH		Mg.	DAY 3	ZOLO	\$ 250.00
Mailing Address NEW CHURCH CT.		MO.	DAY	YEAR	\$
LOWER GWYNEDD	PA 129°00'Z	MO.	DAY	YEAR	\$
LUNCK GWINCOD	1		<u> </u>	l .	PAGE TOTAL

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

* 1600.00

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			Reporting Period	
HANES FOR REA	sister of	WILLS	From 5-4-10 To _	6-7-10

				DATE			AMOUN	T
FUNDATION NA SATIR			Mo.	DAY	2010	\$	250.	00
MAINTENNES PENN CTR., 1617 J	FK B	LUD.	MO.	DAY	YEAR	\$		
Cry Color C TA C	No late	Zio Code/Plus 4)	MO.	DAY	YEAR			
PHICADELPHIA	PA	- 19103				\$		
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	\$		
Dity	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	\$		
			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	· ` ·		
ing / works						\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
ull Name of Contributing Committee			MO.	DAY	YEAR	\$		· · · · · ·
Лайing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	<u>.</u>	
ull Name of Contributing Committee		-	MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
			100	5.11	V=	-		
Dity	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$		
Enter Grand Total of Part B on Schedule I, Deta	ailed Sum	mary Page, Sec	ction 2.			PAGE \$	250.	00

PART C 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 HANES FOR REGIS	TER OF	WILLS		Reporting Period	-니-	10 10 6-7-10
				DATE		AMOUNT
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	<u> </u>
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		- '				\$
Enter Grand Total of Part C on Sched	ule I, Detaile	d Summary Pag	ge, Sect	ion 3.		\$ 00.00

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 REGIST	TER	SFWIL		eporting Perio	4 - 1	0 to 6-7 -10	
				DATE		AMOUNT	
Full Name of Contributing Committee SEAN KILKENNY			мо. 5	13	2010	\$ 500.00	
Maying Address REENWOOD AVE.	STE	500	MO.	DAY	YEAR	\$	
	Ph-	19046	MO.	DAY	YEAR	\$	
FRIEDMAN, SCHUMAN	Occupation A T	TOR	ME	1			
Employer Mailing Address/Principal Place of Business AVE.	STE.	500, JE					
Full Name of Contributing Committee RVDOLPH		···	мо.	2 7	YEAR 201 0	\$ 500.00	
Mailing Addips SHAMINY INTERP	LEX	#215	MO.	DAY	YEAR	\$	
TREVOSE	PA	14053	MO.	DAY	YEAR	\$	
RUDOLPH PIZZO & CLARKE, PC HTTORNEY							
Employer Mailing Address/Principal Place of Business NESHAMINY INTERPO		•					
Full Name of Contributing Committee	,		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 Contributing Committee			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							
		_		_		PAGE TOTAL	
Enter Grand Total of Part D on Schedule I, D	etailed	Summary Page. S	Section :	3.		SIMON, MO	

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and Prior expenditures that were returned to the filer.

Name of filing committee or Candi HANES FOR		OF WILL	s i	Reportin From	g Period 5-4	-2010 <u>, 6-720</u>
		-	•			
Full Name					-	
Mailing Address		 				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description					<u> </u>	Į.
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description		-				
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	1				ļ	L <u>.</u>
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description				ı	ļ	
Full Name	* *** <u></u> ,,,,,			<u>.</u>		
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description				1	<u>I</u>	
	E 0-b-2-1-1-1-2-4	ilad Comercia Car	O4·	4		PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Deta	alled Summary Pag	je Secti	on 4.		\$ 00.00

SCHEDULE II

In-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of filing committee or Candidate	Reporting Period	() 10
HANES FOR REGISTER OF WILLS	From 5-4-10	_ To 6 - 7 - 10
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00	OR LESS PER CONTRI	BUTOR
TOTAL for the Reporting Period	(1) \$ 00.	סק
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (I	FROM PART F)	
TOTAL for the Reporting Period	(2) \$ OD. i	70
3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM P	ART G)	
TOTAL for the Reporting Period	(3) \$ 00.0	570
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD	\$ 00.0	D

SCHEDULE II PART F

In-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$ 250.00

			· · · · · · · · · · · · · · · · · · ·	DATE	,	AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution		-			<u> </u>	\$
Description of Contribution						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
Cit.	State	Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$
City	State	Zip Code (Flus 4)	· · · · · · · · · · · · · · · · · · ·	. UAL.	. FEAN.	\$
Description of Contribution	•			•	•	
Full Name of Contributor			MO.	DAY	YEAR	<u> </u>
Mailing Address			MO.	DAY	YEAR	\$
Mailing Address			1910.	LMI	FEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution		-	_L	L	<u> </u>	Y
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution			ı			
Full Name of Contributor			MO.	DAY	YEAR	
Full Name of Contributor			ielo.		JEAN.	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
•		-				\$
Description of Contribution						

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

* DD. DD

SCHEDULE II PART G

In-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$ 250.00

Name of filing committee or Candidate				Reporting Period From <u>5-4-10</u> To <u>6-7-1</u>			
HANES FOR REG	ISTER	OF WI	LLS				
			=	DATE	AMOUNT		
Full Name of Contributor			MO:	DAY YEA	\$		
Mailing Address			MO.	DAY YEA	· ·		
City	State	Zip Code (Plus 4)	::::MO;::::	DAY YEA	S		
Employer of Contributor		4 -07-00-0	Occupation	n l			
Employer Mailing Address/Principal Piece of Business			Description	n of Contribution			
Full Name of Contributor			МО	DAY YEA	\$		
Mailing Address			MO	DAY YEA	\$		
City	State	Zip Code (Plus 4)	MO.	DAY YEA	\$		
Employer of Contributor	 		Occupatio	n			
Employer Mailing Address/Principal Piece of Business			Description	n of Contribution			
Full Name of Contributor			MO.	DAY	\$		
Mailing Address			MO.	DAY YEA	\$		
City	State	Zip Code (Plus 4)	:::MO;:::::	DAY YEA	\$		
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Piece of Business			Descriptio	n of Contribution			
Full Name of Contributor			MO	DAY	\$		
Mailing Address			MO.	DAY YEA	\$		
City	State	Zip Code (Plus 4) -	MO:	DAY YEA	\$		
Employer of Contributor			Occupatio	n	•		
Employer Mailing Address/Principal Piece of Business		· · · · · · · · · · · · · · · · · · ·	Descriptio	n of Contribution			
Full Name of Contributor			MO:	DAY YEA	\$		
Mailing Address			MO.	DAY YEA	\$		
City	State	Zip Code (Plus 4) -	MO.	DAY YEA	\$		
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Piece of Business			Descriptio	n of Contribution	- NO P A P P		
			•	•	PAGE TOTAL		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

* OO. OO

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Sline assessing as Oscalidate				Renor	tina Peri	nd +	
Name of filing committee or Candidate HANES FOR REGIST	TSD	ME INILL	S	Fro	5-1	оч 4-10 то 6-7-10	
MMNC> FOR REGIS	ICK	- W.CC					
To Whom Paid			MO.	DAY	YEAR	Amount	
GREAT AMERICAN	PUE	<u>\$</u>	5	27	10	\$999.71	
Mailing Address FAYETTE ST.	00.7	Tim Parks (Plans 4)				R - FOOD,	
CONSHOHOCKEN	PA	Zip Code (Plus 4)	VEN	3 0		DRINK	
CHELTENHAM PRIN	Mo 6	2	10	\$601.55			
Mailing Address RYERS AVE.			PR PR	on of Contrib	N G	COSTS	
CHELTENHAM	19	7ip Code (Plus 4)					
D. BRUCE HANES			мо. 5	US.	VEAR IO	\$ 176.00	
Mailing Address MARVIN RD.						MENT FOR	
ELKINS PARK	PA	1 4° 6° 2° 7°	Po	STA	GΣ		
To Whom Paid			МО.	DAY	YEAR	Amount \$	
Mailing Address			Description	on of Contril	bution		
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Description of Contribution				
City	State	Zip Code (Plus 4)			 .		
To Whom Paid			МО	DAY	YEAR	Amount \$	
Mailing Address	<u> </u>		Description	on of Contri	ibution	<u> </u>	
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Contri	ibution		
City	State	Zip Code (Plus 4)					
To Whom Paid			МО	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Contri	ibution	¥	
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL \$ 1777.26

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.

lame of filing committee HANES F	or Candidate REGISTER	. OF WILL	S	From 5	4-10 To 6-7-11
ame of Creditor					Outstanding Balance of Debt \$
lailing Address			MO	DAY YEAR	
ailing Address					
ity			State	Zip Code (Plus 4)	
escription of Debt					terre eta gili serre eraken ira kilorean ilan ira araken iranarra.
<u> </u>					Outstanding Balance of Debt
ame of Creditor			- Y	oran , to be being to to	\$
lailing Address			MO.	DAY YEAF	
			State	Zip Code (Plus 4	
ity				-	
escription of Debt					
lame of Creditor					Outstanding Balance of Deb
4 3° Add			MO.	DAY YEA	
failing Address					
lity			State	Zip Code (Plus 4	
Description of Debt			. L		ETTERMONETER SELECTION NO DESCRIPTION OF THE PROPERTY OF
	<u> </u>		-		Outstanding Balance of Det
Name of Creditor				Accessed to the American	\$
Mailing Address			MO.	DAY YEA	
			State	Zip Code (Plus	(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)
Dity					
Description of Debt					
Name of Creditor					Outstanding Balance of De
			MO.	DAY YEA	
Mailing Address					
City			State	Zip Code (Plus	4)
Description of Debt			<u> </u>		Free management are indefined the b
			-		Outstanding Balance of De
Name of Creditor					\$
Mailing Address			MO	DAY YE	48
			State	Zip Code (Plus	4)
City					All the second of the second o
Description of Debt					
	_	4 B	Dage 4-	m G	PAGE TOTAL
Enter Grand Total	l of Unpaid Debts on Pag	je 1, Report Cover	rage, ite	III G.	\$ 00.00