Commonwealth of Pennsylvania

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Campaign Finance Report

n blue or black ink.)

| (N | OTE: This report must be cl | ear and legible. I | t may be | typed o | or printe | d in blue o | r black ink.) | | | - |
|--|--------------------------------------|------------------------------------|-------------------------|-------------------|--------------------|-----------------|----------------------|--------------|-------------------|---------------|
| Filer Identification Number: | • | Report Filed by | | CAN | DIDATE | 1. | COMMITTEE | \mathbb{X} | LOBBYIST | 3. |
| HANES FOR REGISTER OF WILLS | | | | | | | | | | |
| | | | | | | | | | | |
| City: ELKINS | | | | State: | PA | - Z | ip Code: 19 | 02 | 7- | |
| TYPE OF | 6TH TUESDAY 1 | 2ND FRIDAY PRE-PRIMARY | 2. | 30-DAY POST PR | MARY | 3. | AMENOMENT REPORT? | YES | NO. | \mathbf{X} |
| REPORT | 6TH TUESDAY 4. | 2ND FRIDAY | $\overline{\mathbf{x}}$ | 30-DAY | | 6. | TERMINATIO | N YES | NO | X |
| (place X to the right of | ANNUAL 7. | PRE-ELECTION YEAR | | | IETHOD | | PAPER | | DISKETTE | ŕ ` |
| report type) Name of Office Sought by Candidate: | REPORT | | | | Heck of E of El | | District | Office | Party | County |
| MONTGOMERY | COUNTY | | | MO. | DAY | YEAR | Number | Code | | Code |
| REGISTER OF L | JILLS / CLERKO | OF DRPHAI | us" | | 2 | 2010 | | (SEE INST | RUCTIONS FOR | |
| <u> </u> | Мо | DAY | | MO. | DAY | YEAR | FO | R OFFIC | E USE ONL | Y |
| Summary of Receipts and Expenditures from: | ▶ 6 | 7 2010 | 7 ™ | 10 | 18 | 2010 | | - | 3 | _ |
| | | | | 150 | 1 9 | 2 | - 69 | i C | s lu n II |) 1 |
| A. Amount Brought Forward From La B. Total Monetary Contributions and | | | \$ | | 0.0 | | | Ĭ : | | i) |
| C. Total Funds Available (Sum of Lin | | | \$ 1 | 550 | | | | ~ | 5 5 | |
| D. Total Expenditures (From Schedul | le III) | i a. | \$ | | 5.0 | | | ר ן | J PÉ | |
| E. Ending Cash Balance (Subtract Li | ne D from Line C) | | \$ | 198 | 6.1 | 87 | | F | i 1 | |
| F. Value of In-Kind Contributions Rec | ceived (From Schedule II) | | \$ | 0 | 0.0 | 20 | | | | |
| G. Unpaid Debts and Obligations (Fr | om Schedule IV) | · _ · · · · · · · · · · · · · · · | \$ | 0 | 0. <u>C</u> | Ø | \checkmark | | | |
| | | AFFADAVI | SECTI | ON | | | | | | |
| PART I - If this is a Committee | report, treasurer sign here. | If this is a Candid | ate repo | rt, cand | idate sig | n here. | | | | |
| I swear (or affirm) that this report, inclu | uding the attached schedules, on p | aper or computer disl | kette, are t | o the best | : of my kn | owledge and | belief true, corre | ect and cor | nplete. | |
| Sworn to and subscribed before me thi | | | | • | E | | ~ D | | | |
| 2 2mlay of Altr | COMMONWEALT | RIAL SEAL | | 7 - | (a | Signat | ure of Person Si | | teport | |
| Strin h. | //////ROWN Bord | RPHY, Notary Pu | untv | | EDI | WARD | LICHS | STE /I | J | |
| Signa | ature My Commission | Expires May 9, 2 | 011 | | 210 | • | Printed Na | | c d | |
| My commission expiresMOMO. | DAY YR. | | | <u> </u> | 215 Area | Code | | | one Number | |
| PART II - If this is a report of a | Condidate's Authorized C | ommittee candic | iate sha | l sian he | | | 14 | | | |
| i swear (or affirm) that to the best of m | ny knowledge and belief this politic | al committee has not | violated a | ny provisio | As of 1 | Act of June | 1917n 0 | <u> </u> | | |
| (P.L. 1333, No. 320) as amended. Sworn to and subscribed befgre me th | | ALTH OF PENNS | VI \/ A | - | / | \sim | Un | | | |
| 22ndery of Ultra | till on Me | TARIAL SEAL | | 1 | ¥(| $ \rightarrow $ | Signature of C | Candidate | | |
| Ahren h. | //// Cenguintown E | MURPHY, Notary oro., Montgomery | County | Y | PH | . BRU | | ANE | S | |
| Sign | ature <u>My Commis</u> | sion Expires May S | J, 2011 | - | | ~ | Printed N | | 2 | |
| My commission expires 70 MO. | DAY YR. | | | J- | ۲ Area | Code | - 1- | • 4 0 | 10 1one Number | |

SCHEDULE I Contributions and Receipts

Detailed Summary Page

| Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS | Reportin | G-7-10 To 10-18-10 |
|--|----------|--------------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIB | - | ····· |
| TOTAL for the Reporting Period (1) | \$ | 00.00 |
| 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) | \$ | 500.00 |
| TOTAL for the Reporting Period (2) | \$ | 500.00 |
| 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) | \$ | 500.00 |
| TOTAL for the Reporting Period (3) | \$ | 500.00 |
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. | (FRO | MPARTE) |
| TOTAL for the Reporting Period (4) | \$ | 60.00 |
| 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.) | \$ | 1000.00 |

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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.

Filing Committee or Candidate HANES FOR REGISTER OF WILLS From 6-7-10 TO 10-18-10 Name of Filing Committee or Candidate

Page 3 of 13

| | | | | 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 | | <u> </u> | 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 | | <u> </u> | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) - | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | <u>.</u> | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO, | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) - | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | • | A | 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) - | NO. | DAY | YEAR | \$ |
| Enter Grand Total of Part A on Schedule I, Deta | iled S | ummary Page, S | Section | 2. | | PAGE TOTAL \$ 00.00 |

DSEB-502 (7-99)

All Other Contributions

4 0/ 13

\$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 OI | F 6 | JILLS | | From <u>6</u> - | 7-10 | т <u>о 10-18 - 10</u> |
| | | | | DATE | | AMOUNT |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR 2010 | \$ 100.00 |
| Mailing Address & WADSWARTH AVE. | | | MO. | DAY | YEAR | \$ |
| CITY PHILADELPHIA | PA | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee BRADY | | | MO. | DAY | YEAR | \$ |
| Mailing Address 8 STANBRIDGE ST. | | | MO. | DAY 15 | YEAR 2010 | \$ [00.00 |
| City NORRISTOWN | PA | Zin Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Nan Opt Contributing Committee | | | MO. | DAY 21 | YEAR 2010 | \$ 100.00 |
| Mailing Address FERNBROOK ST. | | | MO. | DAY | YEAR | \$ |
| City WYNCOTE | PA | - 190-95 | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | MO. 7 | I U | YEAR 2010 | \$ 150.00 |
| Mailing Adgress GRANARY RD. | | <u></u> | Mo. | DAY | YEAR | \$ |
| City BLUE BELL | PA | Zin Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Namo Contributing Committee | | | 8 | DAY | YEAR 2010 | \$ 100.00 |
| Mailing Addres ALDERBERRY CT. | | | NO. | DAY | YEAR | \$ |
| City INYLAND | PÅ | 189-74 | MQ. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | <u>II</u> | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY. | YEAR | \$ |
| City | State | Zip Code (Plus 4) | NO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | <u></u> | <u> </u> | 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 | \$ |
| Enter Grand Total of Part B on Schedule I, Detail | ied Sun | nmary Page, Se | ection | 2. | | s 500,00 |

Page <u>5</u> of <u>13</u>

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 | | | Rep | orting Period | <u> </u> | 10 10 10 |
|---------------------------------------|----------------|-------------------|-----------|---------------|----------|--|
| HANES FOR REGISTE | ROF | WILLS | Fr | om <u>6-</u> | 1-10 | <u>, 10-18-10</u> |
| | | | | DATE | | AMOUNT |
| 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 | \$ |
| Full Name of Contributing Committee | | | MO. 12 | DAY | YEAR | |
| Mailing Address | | | | | | \$ |
| 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) | NO. | DAY | YEAR | \$ |
| | | - | MO. | DAY | YEAR | ······································ |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Maiiing Address | | <u> </u> | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | - | MO | DAY | YEAR | \$ |
| | | | MO. | DAY | YEAR | |
| Mailing Address | | | | | | \$ |
| 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 | L | <u> </u> | MO. | DAY | YEAR | \$ |
| | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | d Cummer D | | ion ? | | PAGE TOTAL |
| Enter Grand Total of Part C on Sched | ule I, Detaile | eo Summary Pa | iye, sect | UII 3. | | \$ 00.00 |

DSEB-502 (7-99)

a.

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All Other Contributions

6 0/ 13

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 | | | | eporting Perio | | D <u>™ (D-18-10</u> | |
|--|-----------------|---|------------|----------------|--------------|---------------------|--|
| HANES FOR REGISTER | <u>0</u> 1- | WILLS | | DATE | | | |
| SOPHIA RANALLI | | | мо. 6 | DAY | year 2010 | \$ 500.00 | |
| Mailing Address GOLF HILLS RD. | | | NO. | DAY | YEAR | \$ | |
| HAJERTOWN P | Å - | 19083 | мо. | DAY | YEAR | \$ | |
| Employer Name SOPHIA RANALLI ESQ. | Occupation | TORI | VEY | | | | |
| Employer Name SOPHIA RANALLI, ESQ. Employer Mailing Address Principal Place of Business 255 S. 1725 ST. PHILF | ۱ ., | PA 19 | 103 | | | | |
| Full Name of Contributing Committee | | | | DAY | YEAR | \$ | |
| Mailing Address | | | - MO | DAY | YEAR | \$ | |
| City St | tate | Zip Code (Plus 4) | MO. | DAY. | YEAR | \$ | |
| Employer Name | | | Occupation | | | | |
| Employer Mailing Address/Principal Place of Business | | | I | | <u> </u> | | |
| Fuli Name of Contributing Committee | | | NO. | DAY | YEAR | \$ | |
| Mailing Address | | | <u></u> | DAY | YEAR | \$ | |
| City S | itate | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ | |
| Employer Name | | <u>.</u> , ., ., ., ., ., ., ., ., ., ., ., ., ., | Occupatio | n | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ | |
| Mailing Address | | | MO. | DAY | YEAR | \$ | |
| City S | State | Zip Code (Plus 4) - | | DAY | YEAR | \$ | |
| Employer Name | | . <u></u> | Occupatio | n | | | |
| Employer Mailing Address/Principal Place of Business | | | <u></u> | | | | |
| | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part D on Schedule I, Deta | iled | Summary Page, S | Section | 3. | | \$ 500.00 | |

Page 7 of 13

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 | | Rep | orting | 6-7-10 To 10-18 | <u>מו</u> וח |
|---|---|------------|--------|---|--------------|
| HANES FOR RE | GISTER OF WILLS | F | rom | 6- f-10 To 10-18 | - 70 |
| | | | - | | |
| 1. UNITEMIZED IN KINDLEONT | RIBUTIONS RECEIVED VALUE OF \$5 | 0.00 OR LE | SS I | ZERCONTRIBUTOR | |
| | TOTAL for the Reporting Period | (1) | \$ | 00.00 | |
| | | | DAD | | |
| 2. IN-KIND CONTRIBUTIONS F | RECEIVED VALUE OF \$50.01 TO \$250. | UV (FRUM | r AR | n se en la companya de la companya d La companya de la comp La companya de la comp | |
| | TOTAL for the Reporting Period | (2) | \$ | 00.00 | |
| 3. IN-KIND CONTRIBUTIONS | RECEIVED - VALUE OVER \$250.00 (FRG | MEARIC | 3) | | |
| | TOTAL for the Reporting Period | (3) | \$ | 00.00 | |
| | | | | | |
| TOTAL VALUE OF IN-KIND C REPORTING PERIOD (Add an And 3; also enter on Page 1, Repo | ONTRIBUTIONS DURING THIS d enter amount totals from boxes 1, 2, ort Cover Page, Item F.) | | \$ | 00.00 | |

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SCHEDULE II PART F

8 of 13

VALUE OF \$50.01 TO \$ 250.00

| Name of filing committee or Candidate | | | | Reporti | ng Perio | д 7-10 _{то} 10-18-10 |
|---------------------------------------|---------------------------|------------------------|------------|------------------|--------------|---------------------------------------|
| HANES FOR REGISTER | OF | WILLS | | | n <u>0 ;</u> | |
| | | | | 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 | | | | I | | |
| Full Name of Contributor | | <u></u> | KO | DAY | YEAR | \$ |
| Mailing Address | | | MO | in pay in | MEARIN | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Description of Contribution | | | _ <u>_</u> | I_ | | L |
| Full Name of Contributor | <u>کند بر محمد انجز ر</u> | | MO | NDAY III | YEAR | \$ |
| Mailing Address | | | NO. | DAY | YEAR | э \$ |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Description of Contribution | | - | | | | Ψ |
| | | | MO. | DAY | YEAR | |
| Full Name of Contributor | | | | | | \$ |
| Mailing Address | | | | DAY | | \$ |
| City | State | Zip Code (Plus 4) - | MO. | DAY | YEAR | \$ |
| Description of Contribution | | | | | | |
| Full Name of Contributor | | | | DAY | | \$ |
| Mailing Address | . <u></u> _ | | | DAY | | \$ |
| City | State | Zip Code (Plus 4) | MO | DAY. | YEAR | \$ |
| Description of Contribution | <u>I</u> <u></u> | ,,, | | •I | | · · · · · · · · · · · · · · · · · · · |
| Full Name of Contributor | | | MO | HEDAY III | YEAR | \$ |
| Mailing Address | | | MO | CAY. | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO | NEDAY SKI | YEAR | \$ |
| Description of Contribution | <u>I</u> | | _ | | · | |
| | | | | ······ | | PAGE TOTAL |
| Enter Grand Total of Part F on Sched | iule II, Ir | 1-Kind Contributi | ions Deta | ailed | | \$ 00.00 |

Summary Page, Section 2.

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Page 9 of 13

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$ 250.00

| Name of filing committee or Candidate | | | | Report | ing Period | -10 To 10-18-10 |
|--|---------|-------------------|-------------|---------------|--------------|-----------------|
| HANES FOR REGI | STER | OF WILL | _S | Fro | m 6-7 | |
| tilliter top poor | | | | DATE | | AMOUNT |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| Mailing Address | <u></u> | | MO | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Employer of Contributor | | | Occupation | 1 | | |
| Employer Mailing Address/Principal Piece of Business | <u></u> | | Description | n of Contrib | ution | |
| Full Name of Contributor | | | | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Employer of Contributor | | | Occupatio | n | I | |
| Employer Mailing Address/Principal Piece of Business | · | | Descriptio | n of Contrib | oution | |
| Full Name of Contributor | | | MO | DAY | MEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Employer of Contributor | | | Occupatio |))n | | Ψ |
| Employer Mailing Address/Principal Piece of Business | | | Descriptio | on of Contril | oution | |
| Full Name of Contributor | | | | DAY | YEAR | \$ |
| Mailing Address | | | MO | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | |
| Employer of Contributor | | | Occupati | on | | \$ |
| Employer Mailing Address/Principal Piece of Business | | ······ | Descriptio | on of Contri | bution | |
| Full Name of Contributor | | | | DAYS. | <u>sajar</u> | |
| | | | is MO. | | YEAR | \$ |
| Mailing Address | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| City | State | - | Occupati | | | \$ |
| Employer of Contributor | | <u></u> | | ion of Contr | ibution | 100 |
| Employer Mailing Address/Principal Piece of Business | | | 2000.100 | | | PAGE TOTAL |

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

PAGE TOTAL ^{\$} ∂∂ . 00

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Page 10 of 13

PART E 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.

| HANES | FOR | REGISTER | OF | wic |
|----------------------|------------------|-----------------------|----|-----|
| Name of filing commi | ittee or Candida | ate Constant Constant | | |

| e Wills | From <u>6-7-10</u> To | 10-18- |
|---------|-----------------------|--------|
| | | |

| ity code (Plus 4) MO. DAY YEAR Amount statement of the second of the sec | ull Name | | | | | |
|---|---------------------|---------|-------------------|------------|----------|--------------|
| Kity Current Image: Construction Image: Construction State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description Free plantintererere | Aailing Address | <u></u> | | | | |
| Hy Image: Control of the second | ou | State | Zip Code (Plus 4) | MO. I | AY YEAR | |
| Mailing Address State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description State Zip Code (Plus 4) MO. DAY. YEAR Amount Full Name State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description State Zip Code (Plus 4) MO. DAY. YEAR Amount </td <td>City</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> | City | | | | | \$ |
| Ataling Address Dity State Zip Code (Plus 4) MO: DAY: Y EAR Amount Receipt Description | Receipt Description | | | | | |
| State Zip Code (Plus 4) MO. DAY. YEAR Amount Receipt Description | Full Name | | | | | |
| Bit Date Date Date S Receipt Description Full Name Moiling Address Amount S City State Zip Code (Plus 4) MO. DAY YEAR Amount Receipt Description - - - - S - Full Name - - MO. DAY YEAR Amount S Receipt Description - - MO. DAY YEAR Amount S Receipt Description - - MO. DAY YEAR Amount S Receipt Description - - - MO. DAY YEAR Amount S Mailing Address - - - MO. DAY YEAR Amount S Mailing Address - - - MO. DAY YEAR Amount S Mailing Address - - MO. DAY YEAR </td <td>Mailing Address</td> <td></td> <td></td> <td></td> <td></td> <td></td> | Mailing Address | | | | | |
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Page 11 of 13

SCHEDULE III

STATEMENT OF EXPENDITURES

| t fill and the at Condidate | Reporting Period | |
|---|--|----------------------|
| Name of filing committee or Candidate | c From 6-7 | -10 To 10-18-10 |
| HANES FOR REGISTER OF WILL | | |
| | | Mount |
| MONTGOMERY COUNTY DEM. COMM. | | 100.00 |
| MONTGOMERY COUNTY OCTO | Description of Contribution | |
| ZI ZAST AIRY ST. | FINANCIAL | |
| City NORRISTOWN PA 1940 - | | |
| FRIENDS OF RUTH DAMSKER | | Amount \$250.00 |
| | Description of Contribution | |
| Mailing Address NCY TOWERS STE. 107- | FINANCIAL | |
| City WILLOW GROVE PA 1909-0 | | |
| | MQ DAY YEAR | Amount \$250.00 |
| | 6 21 2010 Description of Contribution | \$250.00 |
| Mailing Address 26735 | FINANCIAL | |
| CHY COLLEGEVILLE PA 19426 | | |
| TO WHOM Paid MONTGOMERY COUNTY DEM. COMM. | MO DAY YEAR | Amount \$ 1000.00 |
| | Description of Contribution | |
| Mailing Address ZI EAST AIRY ST. Zin Gode (Plus 4) | FINANCIAL | |
| City NORRISTOWN PD 19401 | | A |
| HATFIELD AREA DEMOCRATS | | Amount \$ 100.00 |
| Mailing Address 540 COWPATH RD. | Description of Contribution | |
| City HATFISLD PH 1944-0 | | |
| TIAIFIZCE IN TITLE | | Amount |
| FRIENDS OF MARY LOU READINGER | | Amount \$ 250.00 |
| Mailing Address Box 712 | Description of Contribution | |
| Zin Code (Plus 4) | | |
| CON SHO HUCKEN | | Amount |
| COMM. TO ELECT RICK TAYLOR | 9 13 2010 Description of Contribution | \$ 250.00 |
| Mailing Address 866 | FINANCIAL | <u> </u> |
| City AMBLER PA 19002 | | |
| TO WhOM Paid BRIGGS FOR STATE REP. | 9 27 2010 | Amount \$250.00 |
| Mailing Address | Description of Contribution | |
| Mailing Address POBOX 62193 City KING DF PRUSSIA PA 19406 | | |
| | | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover P | age, Item D. | \$2450.00 |

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Page 12 of 13

SCHEDULE III

STATEMENT OF EXPENDITURES

| | | | Report | ing Perio | d |
|--|-------------------|-------------|---------------|---------------------------|--------------------------|
| AME OF FILING COMMITTEE OF CANDIDATES FOR REGISTER DI | | - | Fro | m <u>6-</u> 5 | <u> - 10 то 10-18-10</u> |
| MUNCO FOIL REGISTER DI | | | <u> </u> | | |
| Whom Paid | Canada | мо 10 | | YEAR | Amount \$ 565.00 |
| MONTGOMERY COUNTY DEM | <u> . Coriri.</u> | Description | n of Contribu | ution | |
| ailing Address 21 EAST AIRY ST. | Zip Gode (Plus 4) | <u>+1</u> | NAN | SIAL | |
| | Tip Gode (Plus 4) | MO: | DAY | YEAR | Amount |
| FRIENDS OF MATTBRADFOR | <u>کا</u> | 10 | 17 | 2010 | \$ 250.00 |
| alling Address SKIPPACK PIKE, BLD | 6. F | FIN | n of Contrib | IAL | |
| Address SKIPPACK PIKE, BLD 3417 SKIPPACK PIKE, BLD ity HARLEYSVILLE PA 1 | Zip Code (Plus 4) | | | | |
| FRIENDS OF LARRY CURR | 24 | мо. 10 | | YEAR 2010 | \$ 250.00 |
| Address Sandard of C | -/ | Descriptio | | oution | |
| Halling Address JOHNSON ST. ity, JENK (NTOWN PAR 1 | Zip Code (Plus 4) | | INIC | | • |
| Whom Paid | 109.0 | MO. | DAY | YEAR | Amount |
| | | Descriptio | on of Contril | bution | \$ |
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| City State | | | | YEAR | Amount |
| To Whom Paid | | MO, | | ilia EGAN A | \$ |
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| City State | Zip Code (Plus 4) | | | | |
| | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, | Report Cover F | Page, Ite | em D. | | \$ 065.00 |

Page 13 of 3

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.

| HANES FOR REGISTE | Outstanding Balance | of Debt |
|---------------------|-------------------------|--------------|
| me of Creditor | \$ | |
| iling Address | MO DAY YEAR | |
| | State Zip Code (Plus 4) | |
| | | daran birtin |
| scription of Debt | Outstanding Balance | of Debt |
| me of Creditor | \$ | |
| ailing Address | MO DAY YEAR | |
| | State Zip Code (Plus 4) | |
| ty | | history |
| escription of Debt | Outstanding Balance | e of Deb |
| ame of Creditor | S | |
| ailing Address | NO DAY YEAR | |
| | State Zip Code (Plus 4) | |
| Sity | | Magaziolan |
| Description of Debt | Outstanding Balance | e of Del |
| lame of Creditor | | |
| Aailing Address | NO. DAY YEAR: | |
| City | State Zip Code (Plus 4) | |
| - | | Child States |
| Description of Debt | Outstanding Balan | ce of De |
| Name of Creditor | MO DAY YEAR | |
| Mailing Address | MO DAY YEAR | |
| City | State Zip Code (Plus 4) | |
| Description of Debt | | |
| Name of Creditor | Outstanding Balar \$ | ice of D |
| | | nie di Us |
| Mailing Address | | |
| City | State Zip Code (Plus 4) | |
| Description of Debt | | |