

Commonwealth of Pennsylvania
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)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT ^{7.}	YEAR	FILING METHOD <input type="checkbox"/> CHECK ONE	PAPER	<input checked="" type="checkbox"/>	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			
			11 8 2011		OTH	DEM 46
			(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
			10 25 2011		11 28 2011	RECEIVED 2011 DEC - 8 P 2:24 V
A. Amount Brought Forward From Last Report	\$	3533.21				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2250.00				
C. Total Funds Available (Sum of Lines A and B)	\$	5783.21				
D. Total Expenditures (From Schedule III)	\$	4180.51				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1602.70				
F. Value of In-Kind Contributions Received (From Schedule II)	\$	00.00				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	00.00				

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 10th day of December 2011

 My commission expires _____
 MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 DONNA L. MURPHY, Notary Public
 Jurisdiction: Berks, Montgomery County
 My Commission Expires May 9, 2015

Edward Lichten
 Signature of Person Submitting Report
EDWARD LICHTEN
 Printed Name
215 635-3154
 Area Code 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 10th day of December 2011

 My commission expires _____
 MO. DAY YR.

[Signature]
 Signature of Candidate
D. BRUCE HANES
 Printed Name
215 813-1400
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 DONNA L. MURPHY, Notary Public
 Jurisdiction: Berks, Montgomery County
 My Commission Expires May 9, 2015

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 800.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 100.00
All Other Contributions (Part B)	\$ 1350.00
TOTAL for the Reporting Period	(2) \$ 1450.00

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)	\$ 00.00
TOTAL for the Reporting Period	(3) \$ 00.00

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.)	\$ 2250.00
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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.

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee FRIENDS OF CINDY BASS	11	21	2011	\$ 100.00
Mailing Address PO Box 18906	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19111	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$100.00

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

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 HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor MARTIN BURMAN	10	27	2011	\$ 100.00
Mailing Address 72 LANCASTER AVE.	MO.	DAY	YEAR	\$
City MALVERN	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19355				
Full Name of Contributor ALAN KONEFSKY	10	31	2011	\$ 200.00
Mailing Address 1420 LOCUST ST.	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19102				
Full Name of Contributor PETER STERN	10	31	2011	\$ 100.00
Mailing Address 209 FERNBROOK AVE.	MO.	DAY	YEAR	\$
City LYNCOTE	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19095				
Full Name of Contributor BERNARD MCLAFFERTY	10	31	2011	\$ 100.00
Mailing Address 807 BETHLEHEM PIKE	MO.	DAY	YEAR	\$
City ERDENHEIM	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19038				
Full Name of Contributor MARILYN MARSCHER	11	3	2011	\$ 100.00
Mailing Address 4215 LIVE OAK	MO.	DAY	YEAR	\$
City FLORENCE	MO.	DAY	YEAR	\$
State SC				
Zip Code (Plus 4) 29501				
Full Name of Contributor MILTON SAVAGE	11	3	2011	\$ 100.00
Mailing Address 1616 WALNUT ST.	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19103				
Full Name of Contributor ROLAND ATKINS	11	7	2011	\$ 250.00
Mailing Address 100 S. BROAD ST.	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19110				
Full Name of Contributor STANLEY ELLENBERG	11	10	2011	\$ 150.00
Mailing Address 1711 ASHBOURNE RD.	MO.	DAY	YEAR	\$
City ELKINS PARK	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19027				

PAGE TOTAL
\$ 1100.00

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

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 HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
JOSEPH McDONALD				11	10	2011	\$ 250.00
Mailing Address				MO.	DAY	YEAR	\$
1720 KENDARBREN DR.							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
JAMISON		PA	18929				
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 250.00

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

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 REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

PAGE TOTAL
\$ **00.00**

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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 REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							
Mailing Address							
City	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 \$ 00.00

**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.

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
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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						
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						
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						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 00.00

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 HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 00.00

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ 00.00

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ 00.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 00.00
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							

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

PAGE TOTAL
\$ 00.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

PAGE TOTAL
\$ 00.00

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

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 10-25-11 To 11-28-11
---	---

	MO.	DAY	YEAR	Amount
To Whom Paid CHELTENHAM PRINTING	10	28	2011	\$ 1706.00
Mailing Address 518 RYERS AVE.	Description of Expenditure PRINTING			
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012		
To Whom Paid CHELTENHAM PRINTING	10	28	2011	\$ 305.28
Mailing Address 518 RYERS AVE.	Description of Expenditure PRINTING			
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012		
To Whom Paid SIMCHA VIDEO	11	5	2011	\$ 500.00
Mailing Address 110 N. KESWICK AVE.	Description of Expenditure CABLE TV PROGRAM			
City GLENSIDE	State PA	Zip Code (Plus 4) 19038		
To Whom Paid KRISTA SAMOLES	11	16	2011	\$ 125.00
Mailing Address 414 COOLIDGE PLACE	Description of Expenditure PALM CARD DESIGN			
City OCEANSIDE	State NJ	Zip Code (Plus 4) 11572		
To Whom Paid D. BRUCE HANES	11	16	11	\$ 1540.00
Mailing Address 313 MARVIN RD.	Description of Expenditure REIMBURSEMENT FOR			
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027		
To Whom Paid PAY PAL	10	27	2011	\$ 4.23
Mailing Address 2211 NORTH FIRST ST.	Description of Expenditure			
City SAN JOSE	State CA	Zip Code (Plus 4) 95131		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

PAGE TOTAL
\$ 4180.51

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

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 10-25-11 To 11-28-11
---	---

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						
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
\$ 00.00