

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: 		Report Filed By: 		CANDIDATE ^{1.} <input type="checkbox"/>		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>	
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 <small>(place X to the right of report type)</small>	8TH 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. <input checked="" type="checkbox"/>	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR 		FILING METHOD () 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		Party Code	
MO. DAY YEAR 11 6 2012									

Summary of Receipts and Expenditures from:			MO. DAY YEAR			TO			MO. DAY YEAR		
A. Amount Brought Forward From Last Report			5 15 2012			To			10 22 2012		
B. Total Monetary Contributions and Receipts (From Schedule I)									\$ -54.49		
C. Total Funds Available (Sum of Lines A and B)									\$ 2350.00		
D. Total Expenditures (From Schedule III)									\$ 2404.49		
E. Ending Cash Balance (Subtract Line D from Line C)									\$ 2050.00		
F. Value of In-Kind Contributions Received (From Schedule II)									\$ 354.49		
G. Unpaid Debts and Obligations (From Schedule IV)									\$ —		

FOR OFFICE USE ONLY

OFFICE OF VOTER SERVICES

RECEIVED

2012 OCT 25 A 11:41

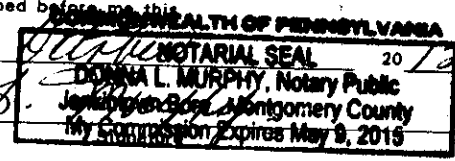
AFFIDAVIT SECTION

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 25th day of October, 2012

My commission expires _____ MO. _____ DAY _____ YR.

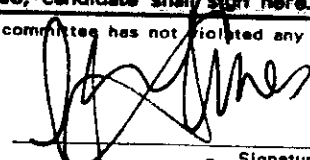

 Signature of Person Submitting Report
Edward J. Lichstein
 EDWARD J. LICHSTEIN
 Printed Name
 Area Code: 215 Daytime Telephone Number: 635-3154

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 25th day of October, 2012

My commission expires _____ MO. _____ DAY _____ YR.


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

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate HANES for REGISTER of WILLS	Reporting Period From <u>5/15/12</u> To <u>10/22/12</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>—</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>—</u>
All Other Contributions (Part B)	\$ <u>1850.—</u>
TOTAL for the Reporting Period (2)	\$ <u>1850.—</u>

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

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

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.)	\$ <u>2350.—</u>
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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 HANES for Register of Wills	Reporting Period From <u>5/15/12</u> To <u>10/22/12</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Robert Lefevre Mailing Address: 285 E. 3rd Ave City: Colleeville PA 19426-	5	24	12	\$ 100.00
JAY Glickman Mailing Address: 2605 N. Broad St. Box 1277 City: LANSDALE PA 19446	6	3	12	\$ 250.00
Robert Slutsky Mailing Address: 121 Black Walnut Ln City: PLYMOUTH Meeting VA 19462-	8	16	12	\$ 150.00
Dennis Friedman Mailing Address: 1515 MARKET ST. City: Philadelphia PA 19102-	8	17	12	\$ 250.00
Samuel Alboeser Mailing Address: 618 Fox Foelds Rd City: BRYN MAWR PA 19010-	8	16	12	\$ 100.00
Dennis Wnoker Mailing Address: 8106 Cedar Rd. City: GIKINS PARK PA 19027-	8	22	12	\$ 100.00
Norman Zarwin Mailing Address: 1818 MARKET ST. 13th Floor City: Philadelphia PA 19103-	8	21	12	\$ 100.00
PATRICK Costello Mailing Address: 119 Holly Drive City: HATBORO PA 19040-	9	13	12	\$ 250.00

PAGE TOTAL
\$ 1300.00

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 5/15/12 To 10/22/12
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address DANIEL MURPHY 432 W. Montgomery Ave	9	1	12	\$ 100-
City Haverford State PA Zip Code (Plus 4) 19041 -	MO.	DAY	YEAR	\$
Full Name of Contributor RONALD ATKINS	10	2	12	\$ 250-
Mailing Address 572 general PATTERSON Dr.	MO.	DAY	YEAR	\$
City glenside State PA Zip Code (Plus 4) 19038 -	MO.	DAY	YEAR	\$
Full Name of Contributor BARRY YACHES	9	30	12	\$ 100-
Mailing Address 400 greenwood Ave	MO.	DAY	YEAR	\$
City Wyncote State PA Zip Code (Plus 4) 19095 -	MO.	DAY	YEAR	\$
Full Name of Contributor MARGARET Phambolis	10	15	12	\$ 100
Mailing Address 1012 Bethlehem Pike	MO.	DAY	YEAR	\$
City SPRING HOUSE PA State PA Zip Code (Plus 4) 19477	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
\$ 550-

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 HANES for Registrar of Wills	Reporting Period From 5/15/12 To 10/22/12
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Full Name of Contributor MICHAEL CLARKE	DATE	AMOUNT
Mailing Address 506 LANTERN LANE	MO. 7 DAY 6 YEAR 12	\$ 500.00
City Philadelphia State PA Zip Code (Plus 4) 19128	MO. DAY YEAR	\$
Employer Name RUDOLPH, Clarke & Kirk LLC	MO. DAY YEAR	\$
Employer Mailing Address/Principal Place of Business 8 Neshaminy Interplex Suite 215, Trevose, PA 19053	Occupation LAWYER	

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

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

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

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

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

PAGE TOTAL
\$ 500.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Hanes for Registrar of Wills	Reporting Period From 5/15/12 To 10/22/12
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To Whom Paid MONTGOMERY COUNTY Democratic Committee	MO. 6	DAY 15	YEAR 12	Amount \$ 70.-	Description of Expenditure CONTRIBUTION
Mailing Address PO BOX 857					
City NORRISTOWN State PA Zip Code (Plus 4) 19404					

To Whom Paid MONTCO Constables Assoc.	MO. 6	DAY 15	YEAR 12	Amount \$ 30.-	Description of Expenditure CONTRIBUTION
Mailing Address P.O. BOX 163					
City Oreland State PA Zip Code (Plus 4) 19095-					

To Whom Paid MONTCO Democratic Committee	MO. 9	DAY 4	YEAR 12	Amount \$ 750.-	Description of Expenditure CONTRIBUTION
Mailing Address P.O. Box 857					
City NORRISTOWN State PA Zip Code (Plus 4) 19404-					

To Whom Paid FRIENDS of Steve McCarter	MO. 9	DAY 20	YEAR 12	Amount \$ 100	Description of Expenditure CONTRIBUTION
Mailing Address 7918 PARK Ave					
City GLKING PARK State PA Zip Code (Plus 4) 19027-					

To Whom Paid Karen Moskowitz	MO. 10	DAY 4	YEAR 12	Amount \$ 50.-	Description of Expenditure AD FOR PINNER
Mailing Address 528 PINE Tree RD					
City JENKINTOWN State PA Zip Code (Plus 4) 19046-					

To Whom Paid MONTCO Democratic Committee	MO. 10	DAY 9	YEAR 12	Amount \$ 750.-	Description of Expenditure CONTRIBUTION
Mailing Address P.O. BOX 857					
City NORRISTOWN State PA Zip Code (Plus 4) 19404-					

To Whom Paid MONTCO Democratic Comm.	MO. 10	DAY 13	YEAR 12	Amount \$ 300.-	Description of Expenditure DINNER TICKETS
Mailing Address PO BOX 857					
City NORRISTOWN State PA Zip Code (Plus 4) 19404-					

To Whom Paid	MO.	DAY	YEAR	Amount \$	Description of Expenditure
Mailing Address					
City					

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

PAGE TOTAL
\$ 2050.-