

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)	8TH TUESDAY PRE-PRIMARY	¹	2ND FRIDAY PRE-PRIMARY	²	30 DAY POST PRIMARY	³ <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO	<input type="checkbox"/>
	9TH TUESDAY PRE-ELECTION	⁴	2ND FRIDAY PRE-ELECTION	⁵	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	<input type="checkbox"/>
Name of Office Sought by Candidate: MONTGOMERY COUNTY Registrar of Wills Clerk of Orphans Court				DATE OF ELECTION MO. DAY YEAR 5 21 2013		District Number	Office Code	Party Code	County Code	
Summary of Receipts and Expenditures from:		MO. DAY YEAR 5 7 2013	To	MO. DAY YEAR 6 10 2013	OFFICE OF VOTER SERVICES MONTGOMERY CO PA RECEIVED JUN 19 P 2:45					
A. Amount Brought Forward From Last Report		\$ 3514.93								
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 1350								
C. Total Funds Available (Sum of Lines A and B)		\$ 4864.93								
D. Total Expenditures (From Schedule III)		\$ 220.15								
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 4644.78								
F. Value of In-Kind Contributions Received (From Schedule II)		\$ —								
G. Unpaid Debts and Obligations (From Schedule IV)		\$ —								

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 19th day of June 2013

Stephanie R. Courtney
 Signature

My commission expires 3 12 17

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

PART II - If this is a Candidate report, candidate shall 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 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 19th day of June 2013

Stephanie R. Courtney
 Signature

My commission expires 3 12 17

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

NOTARIAL SEAL
 STEPHANIE R. COURTNEY, Notary Public
 Jenkintown, PA
 My Commission Expires March 12, 2017

Bureau of Commissions, Elections and Legislation
 Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate HANES for REGISTERED OF WILLS	Reporting Period From 5/7/13 To 6/10/13
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 50.00

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)	\$ 700.00
TOTAL for the Reporting Period (2)	\$ 800.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 500.00

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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 1350.00
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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 5/7/13 To 6/10/13
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
Friends of DAN Clifford				5	23	13	\$ 100.—
Mailing Address				MO.	DAY	YEAR	\$
ONE MONTGOMERY PLAZA							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
NORRYTOWN		PA	19401-				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 100.—

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 5/7/13 To 6/10/13
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
BARBARA ZULEK	5	23	13	\$ 250.—
Mailing Address 27 E. AIRY ST.	MO.	DAY	YEAR	\$
City NORRISTOWN	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19401	MO.	DAY	YEAR	\$
DENISE SULLIVAN	5	23	13	\$ 250.—
Mailing Address 15 Clearview Ave	MO.	DAY	YEAR	\$
City Chalfont	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18914 -	MO.	DAY	YEAR	\$
JOAN JOHNSON-STEM	5	23	13	\$ 100.—
Mailing Address 1515 The Fairway APT 614	MO.	DAY	YEAR	\$
City JENKINTOWN	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19046 -	MO.	DAY	YEAR	\$
SALVATORE PAPAREONE	5	23	13	\$ 150
Mailing Address 1520 Brookfield Rd	MO.	DAY	YEAR	\$
City HAZELTON	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19067 -	MO.	DAY	YEAR	\$
Full Name of Contributor	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 Contributor	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 Contributor	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 Contributor	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	\$ 700.—
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 5/10/13 To 6/10/13
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				DATE	AMOUNT		
Full Name of Contributor EDWARD RUDOLPH	MO.	DAY	YEAR		\$ 500.-		
Mailing Address 8 Neshaminy Interplex suite 215	MO.	DAY	YEAR		\$		
City TREVOSE	State PA	Zip Code (Plus 4) 19053		MO.	DAY	YEAR	\$
Employer Name RUDOLPH, Clarke & Kirk				Occupation Attorney			
Employer Mailing Address/Principal Place of Business 8 Neshaminy Interplex suite 215 Trevose PA 19053							
Full Name of Contributor	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 Contributor	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 Contributor	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 Contributor	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							

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

PAGE TOTAL
\$ 500.-