

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: ▶		Report Filed by: ▶		CANDIDATE ¹		COMMITTEE ² <input checked="" type="checkbox"/>		LOBBYIST ³				
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		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY PRE-ELECTION		5.	30-DAY POST ELECTION		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	ANNUAL REPORT		7.	YEAR		FILING METHOD (<input checked="" type="checkbox"/>) CHECK ONE		PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: MONTGOMERY COUNTY REGISTER OF WILLS					DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
					MO. DAY YEAR 5 18 2010					DEM	46	
(SEE INSTRUCTIONS FOR CODES)												
Summary of Receipts and Expenditures from: ▶					MO. DAY YEAR			To MO. DAY YEAR			FOR OFFICE USE ONLY ✓ RECEIVED 2010 JUN 17 P OFFICE OF VOTER SERVICES MONTG. CO.	
					5 4 2010			To 6 7 2010				
A. Amount Brought Forward From Last Report					\$ 354.13							
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 5925.00							
C. Total Funds Available (Sum of Lines A and B)					\$ 6279.13							
D. Total Expenditures (From Schedule III)					\$ 1777.26							
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 4501.87							
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 00.00							
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 00.00							

AFFADAVIT 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

16th day of July 2010

Donna L. Murphy
Signature

My commission expires 05/09/2011
MO. DAY YR.

}

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 to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1987 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

16th day of July 2010

Donna L. Murphy
Signature

My commission expires 05/09/2011
MO. DAY YR.

}

D. Bruce Hanes
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
 Jenkintown 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 From 5-4-10 To 6-7-10
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 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)	\$ 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 5925.00
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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 5-4-10 To 6-7-10
---	---

	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)				

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

PAGE TOTAL
\$ 00.00

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 HANES FOR REGISTER OF WILLS	Reporting Period From 5-4-10 To 6-7-10
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
DENNIS L. FRIEDMAN	5	24	2010	\$ 250.00
Mailing Address 1515 MARKET ST., STE. 714	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19102	MO.	DAY	YEAR	\$
SAMUEL ABLOESER	5	26	2010	\$ 100.00
Mailing Address 618 FOX FIELD RD.	MO.	DAY	YEAR	\$
City BRYN MAWR	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19010	MO.	DAY	YEAR	\$
ANNA MARIE ROMANO	5	26	2010	\$ 100.00
Mailing Address 2896 HICKORY HILL DR.	MO.	DAY	YEAR	\$
City WORCESTER	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19490	MO.	DAY	YEAR	\$
WENDY ASHBY	5	27	2010	\$ 250.00
Mailing Address 6362 RIDGE RD.	MO.	DAY	YEAR	\$
City ZIONSVILLE	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18092	MO.	DAY	YEAR	\$
CHERYL AUSTIN	5	27	2010	\$ 100.00
Mailing Address 1 EAST AIRY ST	MO.	DAY	YEAR	\$
City NORRISTOWN	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19401	MO.	DAY	YEAR	\$
FERN BILLET	5	27	2010	\$ 250.00
Mailing Address 36 MULBERRY LANE	MO.	DAY	YEAR	\$
City ELKINS PARK	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19027	MO.	DAY	YEAR	\$
EDWARD CHERI	5	27	2010	\$ 150.00
Mailing Address 673 LUKENS LANE	MO.	DAY	YEAR	\$
City KING OF PRUSSIA	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19046	MO.	DAY	YEAR	\$
MORRIS GOCIAL	5	27	2010	\$ 250.00
Mailing Address 440 AVE. OF THE ARTS # 2804	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19146	MO.	DAY	YEAR	\$

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

PAGE TOTAL \$ 1450.00

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 HANES FOR REGISTER OF WILLS	Reporting Period From 5-4-10 To 6-7-10
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
KENNETH HEYDT	5	27	2010	\$ 100.00
Mailing Address 27 TICE LANE	MO.	DAY	YEAR	\$
City PERKASIE	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18944				
JOSEPH HOFFEL	5	27	2010	\$ 250.00
Mailing Address 1908 LYCOMING AVE.	MO.	DAY	YEAR	\$
City ABINGTON	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19001				
KATHLEEN MALCOLM	5	27	2010	\$ 250.00
Mailing Address 400 MARYLAND DR., PO BOX 7544	MO.	DAY	YEAR	\$
City FT. WASHINGTON	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19034				
ROBERT PAUL	5	27	2010	\$ 250.00
Mailing Address 345 N. BOWMAN AVE.	MO.	DAY	YEAR	\$
City MERION STATION	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19066				
AMANDA REEDER	5	27	2010	\$ 75.00
Mailing Address 8460 LIMEKILN PIKE, #219-1	MO.	DAY	YEAR	\$
City LYNCOTE	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19095				
JASON SALUS	5	27	2010	\$ 250.00
Mailing Address 510 MAPLE STREET	MO.	DAY	YEAR	\$
City CONSHOHOCKEN	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19928				
ANTHONY SALVITTI	5	27	2010	\$ 250.00
Mailing Address 2427 HUNTINGTON PIKE	MO.	DAY	YEAR	\$
City HUNTINGTON VALLEY	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19006				
MICHAEL SULLIVAN	5	27	2010	\$ 100.00
Mailing Address 15 CLEARVIEW AVE.	MO.	DAY	YEAR	\$
City CHALFONT	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18929				

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

PAGE TOTAL \$ 1525.00

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 HANES FOR REGISTER OF WILLS	Reporting Period From 5-4-10 To 6-7-10
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee A. L. TENNEY	5	27	2010	\$ 250.00
Mailing Address 801 EAST WALNUT ST.	MO.	DAY	YEAR	\$
City NORTH WALES	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19454				
Full Name of Contributing Committee BARBARA ZULUCK	5	27	2010	\$ 250.00
Mailing Address 27 EAST AIRY ST.	MO.	DAY	YEAR	\$
City NORRISTOWN	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19401				
Full Name of Contributing Committee THOMAS JENNINGS	6	3	2010	\$ 100.00
Mailing Address 1030 FARMAL COURT	MO.	DAY	YEAR	\$
City YARDLEY	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19067				
Full Name of Contributing Committee R. EMMETT MADDEN	6	3	2010	\$ 250.00
Mailing Address 101 GREENWOOD AVE., STE. 500	MO.	DAY	YEAR	\$
City JENKINTOWN	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19046				
Full Name of Contributing Committee HOWARD ROVNER	6	3	2010	\$ 250.00
Mailing Address 1165 WILLARD RD	MO.	DAY	YEAR	\$
City HUNTINGDON VALLEY	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19006				
Full Name of Contributing Committee ROBERT SLUTSKY	6	3	2010	\$ 150.00
Mailing Address 1950 BUTLER PIKE #260	MO.	DAY	YEAR	\$
City CONSHOHOCKEN	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19428				
Full Name of Contributing Committee CHRISTOPHER GIBBONS	6	3	2010	\$ 100.00
Mailing Address 2791 IRONVILLE PIKE	MO.	DAY	YEAR	\$
City COLUMBIA	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 17512				
Full Name of Contributing Committee DAVID BUSCH	6	3	2010	\$ 250.00
Mailing Address 1200 NEW CHURCH CT.	MO.	DAY	YEAR	\$
City LOWER GWYNEDD	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19002				

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

PAGE TOTAL \$ 1600.00

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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 5-4-10 To 6-7-10
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee DAVID NASATIR	6	3	2010	\$ 250.00
Mailing Address ONE PENN CTR., 1617 JFK BLVD.				\$
City PHILADELPHIA State PA Zip Code (Plus 4) 19103				\$
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)				\$

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

PAGE TOTAL \$ 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 REGISTER OF WILLS	Reporting Period From 5-4-10 To 6-7-10
---	---

	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)				
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.

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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 5-4-10 To 6-7-10
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
SEAN KILKENNY	5	13	2010	\$ 500.00
Mailing Address 101 GREENWOOD AVE., STE. 500	MO.	DAY	YEAR	\$
City JENKINTOWN State PA Zip Code (Plus 4) 19046	MO.	DAY	YEAR	\$
Employer Name FRIEDMAN, SCHUMAN	Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 101 GREENWOOD AVE., STE. 500, JENKINTOWN, PA 19046				
EDWARD RUDOLPH	5	27	2010	\$ 500.00
Mailing Address 8 NESHAMINY INTERPLEX, #215	MO.	DAY	YEAR	\$
City TREVOSE State PA Zip Code (Plus 4) 19053	MO.	DAY	YEAR	\$
Employer Name RUDOLPH, PIZZO & CLARKE, PC	Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 8 NESHAMINY INTERPLEX, #215, TREVOSE, PA 19053				
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				

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

PAGE TOTAL \$ 1,000.00

**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 5-4-2010 to 6-7-2010
---	---

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

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE 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 5-4-10 To 6-7-10
---	---

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 CONTRIBUTIONS 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	\$ 00.00
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SCHEDULE II
PART F

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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 5-4-10 To 6-7-10
---	---

				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 5-4-10 To 6-7-10
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			

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

PAGE TOTAL \$ 00.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 5-4-10 To 6-7-10
---	---

	MO.	DAY	YEAR	Amount
To Whom Paid GREAT AMERICAN PUB	5	27	10	\$999.71
Mailing Address 123 FAYETTE ST.	Description of Contribution FUND RAISER - FOOD,			
City CONSHOHOCKEN State PA Zip Code (Plus 4) -	VENUE AND DRINK			
To Whom Paid CHELTENHAM PRINTING	6	2	10	\$601.55
Mailing Address 518 RYERS AVE.	Description of Contribution PRINTING COSTS			
City CHELTENHAM State PA Zip Code (Plus 4) 19012				
To Whom Paid D. BRUCE HANES	5	15	10	\$176.80
Mailing Address 313 MARVIN RD.	Description of Contribution REIMBURSEMENT FOR			
City ELKINS PARK State PA Zip Code (Plus 4) 19027	POSTAGE			
To Whom Paid				\$
Mailing Address	Description of Contribution			
City				
To Whom Paid				\$
Mailing Address	Description of Contribution			
City				
To Whom Paid				\$
Mailing Address	Description of Contribution			
City				
To Whom Paid				\$
Mailing Address	Description of Contribution			
City				
To Whom Paid				\$
Mailing Address	Description of Contribution			
City				

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.

Name of filing committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 5-4-10 To 6-7-10
---	---

Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							

PAGE TOTAL
\$ **00.00**

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.