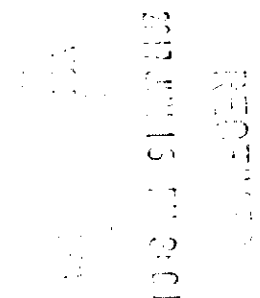


# CAMPAIGN FINANCE REPORT

(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 <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
Name of Filing Committee, Candidate or Lobbyist: <b>HANES for REGISTER of WILLS</b>						
Street Address: <b>313 MARVIN ROAD</b>						
City: <b>ELKINS PARK</b>			State: <b>PA</b>		Zip Code: <b>19027 -</b>	
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup> <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT <sup>7.</sup>	YEAR <input type="checkbox"/>	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: <b>MONTGOMERY COUNTY REGISTER of WILLS / Clerk of Orphan's Court</b>			DATE OF ELECTION MO. DAY YEAR <b>5 16 2017</b>		District Number	Office Code
					Party Code <b>DEM</b>	County Code
(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR <b>5 2 2017</b>	To	MO. DAY YEAR <b>6 5 2017</b>	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report			\$ <b>1977.48</b>			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <b>5700 -</b>			
C. Total Funds Available (Sum of Lines A and B)			\$ <b>7677.48</b>			
D. Total Expenditures (From Schedule III)			\$ <b>2978. -</b>			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <b>4699.48</b>			
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <b>1340.25</b>			
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <b>1500. -</b>			

### AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

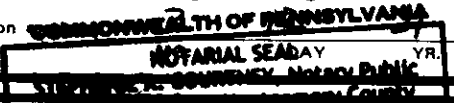
I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

15<sup>th</sup> day of June 2017

Stephanie R. Courtney  
Signature

My commission expires 3 12 21



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, the Candidate or Authorized Committee, candidate shall sign here.**

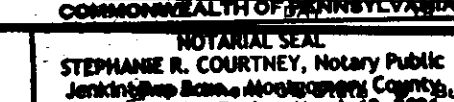
I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

15<sup>th</sup> day of June 2017

Stephanie R. Courtney  
Signature

My commission expires 3 12 21



D. Bruce Hanes  
Signature of Candidate

D. BRUCE HANES  
Printed Name

215 813-1400  
Area Code Daytime Telephone Number

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

Name of Filing Committee or Candidate HANES FOR REGISTER of WILLS	Reporting Period From 5/2/17 To 6/5/17
--	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 150.—

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ 200.—
All Other Contributions (Part B)	\$ 3850
TOTAL for the Reporting Period (2)	\$ 4050

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ 1000.—
All Other Contributions (Part D)	\$ 500.—
TOTAL for the Reporting Period (3)	\$ 1500.—

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 5700.—
--	-----------

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 <b>HANGES for Registrar of Wills</b>	Reporting Period From <b>5/2/17</b> To <b>6/5/17</b>
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
FELDMAN & FELDMAN LLP P/LC	5	30	17	\$ 100 -
Mailing Address 820 HOMESTEAD RD	MO.	DAY	YEAR	\$
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046 -		\$
JEFF SALTZ FOR JUDGE	5	25	17	\$ 100 -
Mailing Address P.O. BOX 338	MO.	DAY	YEAR	\$
City WYNNWOOD	State PA	Zip Code (Plus 4) 19096 -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$

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

PAGE TOTAL  
\$ 200 -

## 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 REGISTERED of WILLS	Reporting Period From 5/2/17 To 6/5/17
--	---

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
ALAN KONEFSKY	1420 LOCUST ST.	Philadelphia	PA	19102 -	5	25	17	\$ 100.00
SAMUEL ABLÖGER	618 FOX FIELDS RD.	Bryn Mawr	PA	19010 -	5	11	17	\$ 100.00
Obadiah English	118 Glen Ave.	Chalfont	UPA	18914 -	5	25	17	\$ 100.00
Stephen McCarter	211 W. WAVERLY	Glenide	PA	19038 -	5	25	17	\$ 100.00
Michael ROGERS	180 Hedge Row Circle	LANSDALE	PA	19446 -	5	19	17	\$ 100.00
BENJAMIN SHEIN	1107 Beech Drive	Bryn Mawr	PA	19010 -	5	21	17	\$ 100.00
ADAM KACHURAK	2088 HUBER DR.	QUAKERTOWN	PA	18951 -	5	17	17	\$ 100.00
BARRY MILLER	54 EAST PENN ST.	NORTONTOWN	PA	19401 -	5	17	17	\$ 100.00

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

PAGE TOTAL

\$ 800.00

## 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 5/2/17 To 4/5/17
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
MARGARET Phlaubolis	5	26	17	\$ 200 -
Mailing Address Bethlehem Pike	MO.	DAY	YEAR	\$
City Spring House	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19177-			
Full Name of Contributor Robert Slutsky	5	11	17	\$ 250 -
Mailing Address 121 Black Walnut LA	MO.	DAY	YEAR	\$
City Plymouth Meeting	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19162-			
Full Name of Contributor JAMES WANNION	5	10	17	\$ 250 -
Mailing Address 1755 Thistle Way	MO.	DAY	YEAR	\$
City MALVERN	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19355-			
Full Name of Contributor JAY Glickman	5	10	17	\$ 250 -
Mailing Address 197 Pinecrest LA	MO.	DAY	YEAR	\$
City Langdale	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19446 -			
Full Name of Contributor MEL HERBERTZ	5	17	17	\$ 250 -
Mailing Address 304 S. 12th St	MO.	DAY	YEAR	\$
City Philadelphia	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19107 -			
Full Name of Contributor MARK DANEK.	5	25	17	\$ 250 -
Mailing Address 430 Hector St	MO.	DAY	YEAR	\$
City Conshohocken	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19428-			
Full Name of Contributor Robert Charles	5	25	17	\$ 250 -
Mailing Address 1657 TuckersTown P.D.	MO.	DAY	YEAR	\$
City Dresher	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19075 -			
Full Name of Contributor Robert Paul	5	29	17	\$ 250 -
Mailing Address 345 N. Bowman Ave	MO.	DAY	YEAR	\$
City Merion Station	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19066-			

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

PAGE TOTAL

\$ 1950 -

## 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 <b>HANES for Register of Wills</b>	Reporting Period From <b>5/2/17</b> To <b>6/5/17</b>
---	---

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
Robert Lefevre	1 MONTGOMERY PLAZA Suite 902	NORDISTOWN	PA	19461-	5	25	17	\$ 250-
FRANK CAMPESE	112 GOLF HILLS DR.	HAVER TOWN	PA	19003-	5	20	17	\$ 250-
ALAN REICH	410 MAYFLOWER LA.	WYNEWOOD	PA	19096-	5	23	17	\$ 100-
NANCY Scherer	1200 Melrose Ave	Melrose Park	PA	19022-	5	23	17	\$ 100-
Bernard Laffer-ty	807 Bethlehem Pike.	Erdenheim	PA	19038-	5	27	17	\$ 100-
Michelle Berk	230 Sugar-Town Rd. Suite 240	WAYNE	PA	19087-	5	15	17	\$ 100-
EMETT MADDEN	711 West Ave	JENKINTOWN	PA	19146-	5	24	17	\$ 100-
SCOTT MUSTIN	1507 CLIFT RD.	WYNEWOOD	PA	-	5	22	17	\$ 100-

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

PAGE TOTAL

\$ 1100-

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 <b>HANES for REGISTER OF WILLIS</b>	Reporting Period From <b>5/2/17</b> To <b>6/5/17</b>
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Obermayer, Pehmann, Maxwell+Hille LLP PAC	5	25	17	\$ 500.—
Mailing Address Center Square West 150 Market	MO.	DAY	YEAR	\$
City Philadelphia	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19102 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee TIMOTHY KNOX LLP PAC	5	19	17	\$ 500.—
Mailing Address 400 Maryland Drive	MO.	DAY	YEAR	\$
City Fort Washington	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19037 -	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	\$

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

PAGE TOTAL
\$ 100.—

**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 <b>HANES for REGISTER of WILLS</b>	Reporting Period From <b>5/2/17</b> To <b>6/5/17</b>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Dennis FRIEDMAN</b>	5	25	17	\$ 500.—
Mailing Address <b>1515 MARKET ST. 512714</b>	MO.	DAY	YEAR	\$
City <b>PHILA PA</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <b>19102 -</b>	MO.	DAY	YEAR	\$
Employer Name <b>DENNIS L FRIEDMAN, Attorney at Law</b>	Occupation <b>ATTORNEY</b>			
Employer Mailing Address/Principal Place of Business <b>1515 MARKET ST Philadelphia PA 19102</b>				
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	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
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	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
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	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
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	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

<b>PAGE TOTAL</b>
<b>\$ 500.—</b>



# 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 <i>HANES for Registrar of Wills</i>	Reporting Period From <i>5/2/17</i> To <i>6/5/17</i>
--	---

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

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

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$ <i>1340.25</i>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>1340.25</i>
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**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <b>HANES for Registrar of Wills</b>	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
--	---

				DATE			AMOUNT		
Full Name of Contributor <b>MICHAEL CLARKE</b>				MO.	DAY	YEAR	\$ 1340.25		
Mailing Address <b>506 LANTERN LA</b>				5	25	17			
City <b>Philadelphia</b>				MO.	DAY	YEAR	\$		
State <b>PA</b>		Zip Code (Plus 4) <b>19128</b>							
Employer of Contributor <b>RUDOLPH CLARKE LLC</b>				Occupation <b>ATTORNEY</b>					
Employer Mailing Address/Principal Place of Business <b>350 SENTRY PARKWAY EAST, Blue Bell PA</b>				Description of Contribution <b>FOD 50 - FUND RAISER</b>					
Full Name of Contributor				MO.	DAY	YEAR	\$		
Mailing Address				MO.	DAY	YEAR			
City		State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Place of Business				Description of Contribution					
Full Name of Contributor				MO.	DAY	YEAR	\$		
Mailing Address				MO.	DAY	YEAR			
City		State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Place of Business				Description of Contribution					
Full Name of Contributor				MO.	DAY	YEAR	\$		
Mailing Address				MO.	DAY	YEAR			
City		State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Place of Business				Description of Contribution					
Full Name of Contributor				MO.	DAY	YEAR	\$		
Mailing Address				MO.	DAY	YEAR			
City		State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Place of Business				Description of Contribution					

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

PAGE TOTAL  
\$ **1340.25**

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>HANES for REGISTER OF WILLS</b>	Reporting Period From <b>5/2/17</b> To <b>6/5/17</b>
---	---

To Whom Paid <b>Friends of Wendy Rothstem</b>	MO.	DAY	YEAR	Amount
	5	12	17	\$ 150.-
Mailing Address <b>PO BOX 3001</b>	Description of Expenditure			
	CONTRIBUTION			
City <b>Blue Bell</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19422-</b>		

To Whom Paid <b>COMPANION FOR COMPASSION</b>	MO.	DAY	YEAR	Amount
	5	21	17	\$ 100.-
Mailing Address <b>PO BOX 30234</b>	Description of Expenditure			
	DONATION.			
City <b>ELKINS PARK</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19027</b>		

To Whom Paid <b>BRUCE HANES</b>	MO.	DAY	YEAR	Amount
	6	2	17	\$ 1000.-
Mailing Address <b>313 MARVIN RD</b>	Description of Expenditure			
	PARTIAL REPAYMENT LOAN			
City <b>ELKINS PARK</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19077</b>		

To Whom Paid <b>PNC</b>	MO.	DAY	YEAR	Amount
	6	7	17	\$ 3.00
Mailing Address <b>CASTON RD.</b>	Description of Expenditure			
	BANK SERVICE CHARGE.			
City <b>GLENSIDE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19038-</b>		

To Whom Paid <b>MONTGOMERY COUNTY DEM COMM</b>	MO.	DAY	YEAR	Amount
	6	6	17	\$ 1500.-
Mailing Address <b>PO BOX 857</b>	Description of Expenditure			
	DONATION			
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19094-</b>		

To Whom Paid <b>Cheltenham Democrat Comm.</b>	MO.	DAY	YEAR	Amount
	6	6	17	\$ 150.-
Mailing Address <b>211 W. WAVERLY RD</b>	Description of Expenditure			
	DONATION			
City <b>GLENSIDE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19038-</b>		

To Whom Paid <b>154 Democratic Committee</b>	MO.	DAY	YEAR	Amount
	6	7	17	\$ 75.-
Mailing Address <b>715 WASHINGTON LA.</b>	Description of Expenditure			
	FUND RAISER TICKET			
City <b>JENKINTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19046-</b>		

To Whom Paid (Blank)	MO.	DAY	YEAR	Amount
				\$
Mailing Address (Blank)	Description of Expenditure			
City (Blank)	State -	Zip Code (Plus 4) -		

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

PAGE TOTAL <b>\$ 2978.-</b>
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## 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 <b>HANES FOR REGISTER OF WILLS</b>	Reporting Period From <b>5/2/17</b> To <b>6/5/17</b>
---	---

Name of Creditor <b>BRUCE HANES</b>				Outstanding Balance of Debt <b>\$ 1500</b>	
Mailing Address <b>313 WILKIN RD</b>	DATE DEBT INCURRED	MO. <b>1</b>	DAY <b>11</b>	YEAR <b>2016</b>	
City <b>GLICKING PARK</b>	State <b>VA</b>	Zip Code (Plus 4) <b>19027</b>			
Description of Debt <b>LOAN TO CAMPAIGN</b>					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
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  
**\$ 1500**