

# 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 ST.</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)	1ST 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
	ANNUAL REPORT	7.	YEAR	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate: <b>MONTGOMERY COUNTY REGISTER OF WILLS / Clerk of Orphans COURT</b>	DATE OF ELECTION MO. DAY YEAR <b>11 3 2015</b>	District Number	Office Code <b>004</b>	Party Code <b>Dem</b>	County Code <b>46</b>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO. DAY YEAR	TO	MO. DAY YEAR	FOR OFFICE USE ONLY
	<b>6 9 2015</b>		<b>10 19 2015</b>	
	A. Amount Brought Forward From Last Report	\$	<b>6033.03</b>	
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<b>9810. —</b>	
	C. Total Funds Available (Sum of Lines A and B)	\$	<b>15843.03</b>	
	D. Total Expenditures (From Schedule III)	\$	<b>15182.86</b>	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	<b>660.17</b>	
	F. Value of In-Kind Contributions Received (From Schedule II)	\$	<b>—</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<b>—</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 23rd day of October, 2015

James J. Murphy Signature

My commission expires \_\_\_\_\_ YR.

**COMMONWEALTH OF PENNSYLVANIA**

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

**PART II - If this is a Candidate report, candidate's 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. 1937, No. 12).

Sworn to and subscribed before me this 23rd day of October, 2015

James J. Murphy Signature

My commission expires \_\_\_\_\_ YR.

**COMMONWEALTH OF PENNSYLVANIA**

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

**NOTARIAL SEAL**  
**DONNA L. MURPHY, Notary Public**  
 Jenkintown Boro., Montgomery County State Building  
 My Commission Expires May 9, 2018

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

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

Name of Filing Committee or Candidate HANES FOR REGISTER OF WILLS	Reporting Period From 6/9/15 To 10/19/15
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ 160-

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ -
All Other Contributions (Part B)	\$ 3100-
TOTAL for the Reporting Period	(2) \$ 360-

<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)	\$ 5550
TOTAL for the Reporting Period	(3) \$ 6550

<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.)	\$ 9810-
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## 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				Reporting Period			
HAYES for Register of Wills				From 6/9/15 To 10/19/15			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
PAUL Fedman				8	31	15	\$ 250.-
Mailing Address				MO.	DAY	YEAR	
820 HOMESTEAD RD.							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
JENKINTOWN		PA	19046 -				\$
Full Name of Contributor				MO.	DAY	YEAR	
LEE ALBERT				9	15	15	\$ 250.-
Mailing Address				MO.	DAY	YEAR	
414 REVERE RD							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Lafayette Hill		PA	19444 -				\$
Full Name of Contributor				MO.	DAY	YEAR	
SALVATORE PAPARONE				9	20	15	\$ 150.-
Mailing Address				MO.	DAY	YEAR	
331 EAST STREET							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
TREVOSE		PA	19053 -				\$
Full Name of Contributor				MO.	DAY	YEAR	
PETER FRIEDMAN				9	21	15	\$ 250.-
Mailing Address				MO.	DAY	YEAR	
106 CHESTON LN							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
AMBLER		PA	19002 -				\$
Full Name of Contributor				MO.	DAY	YEAR	
BARRY YACHES				10	7	15	\$ 250.-
Mailing Address				MO.	DAY	YEAR	
400 GREENWOOD AVE							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
WYNCOTE		PA	19095 -				\$
Full Name of Contributor				MO.	DAY	YEAR	
MADELYN Kaufman				10	8	15	\$ 100.-
Mailing Address				MO.	DAY	YEAR	
101 GREENWOOD Suite 500							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
JENKINTOWN		PA	19046 -				\$
Full Name of Contributor				MO.	DAY	YEAR	
ARTHUR KAPLAN				10	15	15	\$ 250
Mailing Address				MO.	DAY	YEAR	
1357 ROSE GLEN RD.							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
GLADWYN		PA	19035 -				\$
Full Name of Contributor				MO.	DAY	YEAR	
JAMES ROMANU				6	26	15	\$ 100.-
Mailing Address				MO.	DAY	YEAR	
							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			-				\$
PAGE TOTAL							\$ 1600.-
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.							

## 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				Reporting Period			
HANES FOR REGISTERED OF WILLS				From 6/9/15 To 10/19/15			
				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Robert T Billet	6	27	15				100.00
Mailing Address	MO.	DAY	YEAR				\$
2124 Naudain ST.							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Philadelphia	PA	19146 -					
Full Name of Contributor	MO.	DAY	YEAR				\$
SAMUEL Ableser	7	9	15				100.00
Mailing Address	MO.	DAY	YEAR				\$
618 Fox Fields RD							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Bryn MAWR	PA	19010 -					
Full Name of Contributor	MO.	DAY	YEAR				\$
RUTH DAMSKER	7	8	15				100.00
Mailing Address	MO.	DAY	YEAR				\$
308 Primrose Dr.							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
LANS DALE	PA	19446 -					
Full Name of Contributor	MO.	DAY	YEAR				\$
DAVID Bifulco	7	9	15				100.00
Mailing Address	MO.	DAY	YEAR				\$
123 Willow Brook Dr.							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Jeffersonville	PA	19403 -					
Full Name of Contributor	MO.	DAY	YEAR				\$
PATRICK Costello	7	9	15				250.00
Mailing Address	MO.	DAY	YEAR				\$
119 Holly Drive.							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
HAT BORO	PA	19040 -					
Full Name of Contributor	MO.	DAY	YEAR				\$
Debra Willig	<del>8</del>	<del>18</del>	<del>15</del>				<del>250.00</del>
Mailing Address	MO.	DAY	YEAR				\$
1845 WALNUT ST 24th floor	8	18	15				250.00
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Philadelphia	PA	19103 -					
Full Name of Contributor	MO.	DAY	YEAR				\$
EMMETT MADON	7	16	15				100.00
Mailing Address	MO.	DAY	YEAR				\$
711 West Ave							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
JENKINTOWN	PA	19046 -					
Full Name of Contributor	MO.	DAY	YEAR				\$
SCOTT MUSTIN	8	25	15				250.00
Mailing Address	MO.	DAY	YEAR				\$
1507 CLIFF RD							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
WYNNWOOD	PA	19096 -					
PAGE TOTAL							\$ 1250

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

# 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>6/9/15</b> To <b>10/19/15</b>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <b>Mel Helfetz</b>	<b>10</b>	<b>16</b>	<b>15</b>	<b>\$ 250.—</b>
Mailing Address <b>304 S 12th St.</b>	MO.	DAY	YEAR	\$
City <b>Philadelphia</b> State <b>PA</b> Zip Code (Plus 4) <b>19107-</b>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL <b>\$ 250</b>
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

# 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 WILLS</b>	Reporting Period From <b>6/9/2015</b> To <b>10/19/2015</b>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <b>FOX ROTHELD LLP P.A.C.</b>				9	21	2015	\$ 1,000.00
Mailing Address <b>2000 MARKET STREET 20TH FLOOR</b>				MO.	DAY	YEAR	\$
City <b>Philadelphia</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19103 -</b>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL  
\$ **1000.00**

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

# 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 &amp; WILLS</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
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		DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
LARRY Auerbach	7	9	15	\$	1,000.—
Mailing Address 1000 EASTON RD	MO.	DAY	YEAR	\$	
City ABINGTON	MO.	DAY	YEAR	\$	
State PA	Zip Code (Plus 4) 19001 -				
Employer Name LARRY Auerbach Esq	Occupation Attorney				
Employer Mailing Address/Principal Place of Business 1000 EASTON RD, ABINGTON, PA 19001					
PAUL GELMAN	8	21	15	\$	500.—
Mailing Address 2091 N. Springdale RD. Suite 17	MO.	DAY	YEAR	\$	
City Cherry Hill	MO.	DAY	YEAR	\$	
State NJ	Zip Code (Plus 4) 08003 -				
Employer Name HUNTER Title Agency	Occupation Attorney				
Employer Mailing Address/Principal Place of Business 2091 N Springdale RD Suite 19					
MARGARET Phambolis	8	7	15	\$	300.—
Mailing Address 1012 Bethlehem Pike Suite 103	MO.	DAY	YEAR	\$	
City Spring House	MO.	DAY	YEAR	\$	
State PA	Zip Code (Plus 4) 19477 -				
Employer Name MARGARET Phambolis	Occupation Attorney				
Employer Mailing Address/Principal Place of Business 1012 Bethlehem Pike Suite 103, Springhouse, PA 19477					
Robert GREENBAUM	8	20	15	\$	500.—
Mailing Address 1339 Chestnut St. #530	MO.	DAY	YEAR	\$	
City Philadelphia	MO.	DAY	YEAR	\$	
State PA	Zip Code (Plus 4) 19107 -				
Employer Name Robert T Greenbaum & Associates	Occupation Attorney				
Employer Mailing Address/Principal Place of Business 1339 Chestnut #530, Phila, PA 19107					
Joseph Hoeffel III	8	26	15	\$	750.—
Mailing Address 1908 LYCOMING Ave.	MO.	DAY	YEAR	\$	
City Abington	MO.	DAY	YEAR	\$	
State PA	Zip Code (Plus 4) 19001 -				
Employer Name MAZA, DAVID & HOEFFEL	Occupation Attorney				
Employer Mailing Address/Principal Place of Business 321 York RD Suite 218 Jenkintown PA 19046					

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

PAGE TOTAL  
**\$ 3050.—**

# 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>6/9/15</b> To <b>10/19/15</b>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <b>MICHAEL CLARKE</b>				9	17	15	\$ 1000.—
Mailing Address <b>506 LANTERN LA.</b>				MO.	DAY	YEAR	\$
City <b>Philadelphia</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19026 -</b>		MO.	DAY	YEAR	\$
Employer Name <b>RUDOLPH CLARKE LLC</b>				Occupation <b>Attorney</b>			
Employer Mailing Address/Principal Place of Business <b>350 Sentry Parkway EAST, Blue Bell, PA 19422</b>							
Full Name of Contributor <b>DIANE ZABOWSKI</b>				9	9	15	\$ 500—
Mailing Address <b>200 MAPLEWOOD DR. WRTZ</b>				MO.	DAY	YEAR	\$
City <b>POTTS TOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19464 -</b>		MO.	DAY	YEAR	\$
Employer Name <b>Zabowski LAW LLC.</b>				Occupation <b>Attorney</b>			
Employer Mailing Address/Principal Place of Business <b>117 2nd Ave Colleagueville PA 19426</b>							
Full Name of Contributor <b>JOHN MALONE</b>				9	16	15	\$ 500—
Mailing Address <b>7442 OXFORD AVE</b>				MO.	DAY	YEAR	\$
City <b>Philadelphia</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19111 -</b>		MO.	DAY	YEAR	\$
Employer Name <b>Law office of John Malone, Esq. PC</b>				Occupation <b>Attorney</b>			
Employer Mailing Address/Principal Place of Business <b>7442 Oxford Ave, Philadelphia, PA 19111</b>							
Full Name of Contributor <b>BARBARA ZULICK</b>				9	11	15	\$ 500—
Mailing Address <b>27 E. Airy Ave</b>				MO.	DAY	YEAR	\$
City <b>NORMSTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401 -</b>		MO.	DAY	YEAR	\$
Employer Name <b>Zulick LAW LLC</b>				Occupation <b>Attorney</b>			
Employer Mailing Address/Principal Place of Business <b>27 E Airy Ave NORMSTOWN. 19401</b>							
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

\$ 2500—



# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>HANES for REGISTER of WILLIS</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
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To Whom Paid <b>Friends of Shapiro/ARKOOSH</b>	MO. <b>9</b>	DAY <b>21</b>	YEAR <b>15</b>	Amount <b>\$ 2,000.—</b>
Mailing Address <b>PO BOX 348</b>				
Description of Expenditure <b>CONTRIBUTION</b>				
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404-</b>		

To Whom Paid <b>PAY PAL</b>	MO. <b>9</b>	DAY <b>17</b>	YEAR <b>15</b>	Amount <b>\$ 14.80</b>
Mailing Address <b>2211 NORTH FIRST ST.</b>				
Description of Expenditure <b>fee for contributions</b>				
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131</b>		

To Whom Paid <b>North Penn Democrats</b>	MO. <b>9</b>	DAY <b>30</b>	YEAR <b>15</b>	Amount <b>\$ 65.—</b>
Mailing Address <b>P.O. BOX 1081</b>				
Description of Expenditure <b>CONTRIBUTION</b>				
City <b>LANSDALE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19446</b>		

To Whom Paid <b>Friends of Shapiro/ARKOOSH</b>	MO. <b>9</b>	DAY <b>30</b>	YEAR <b>15</b>	Amount <b>\$ 1500.—</b>
Mailing Address <b>PO BOX 348</b>				
Description of Expenditure <b>CONTRIBUTION</b>				
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

To Whom Paid <b>PAY PAL</b>	MO. <b>10</b>	DAY <b>7</b>	YEAR <b>15</b>	Amount <b>\$ 7.55</b>
Mailing Address <b>2211 NORTH FIRST ST</b>				
Description of Expenditure <b>fee for contributions</b>				
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131</b>		

To Whom Paid <b>CAPITOL PROMOTIONS</b>	MO. <b>10</b>	DAY <b>9</b>	YEAR <b>15</b>	Amount <b>\$ 1259.28</b>
Mailing Address <b>P.O BOX 231</b>				
Description of Expenditure <b>payment for sign</b>				
City <b>glen side</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19028</b>		

To Whom Paid <b>SPRINGFIELD DEMOCRATIC Party</b>	MO. <b>10</b>	DAY <b>12</b>	YEAR <b>15</b>	Amount <b>\$ 175.—</b>
Mailing Address <b>17 Chesney LANE</b>				
Description of Expenditure <b>add and dinner</b>				
City <b>glen side</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19028</b>		

To Whom Paid <b>PAY PAL</b>	MO. <b>10</b>	DAY <b>15</b>	YEAR <b>15</b>	Amount <b>\$ 9.89</b>
Mailing Address <b>2211 NORTH FIRST ST.</b>				
Description of Expenditure <b>fee for contributions</b>				
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131</b>		

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

PAGE TOTAL <b>\$ <del>5021.63</del> 5031.52</b>
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# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Bruce Hanes</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
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To Whom Paid <b>Mr D's Tees</b>	MO. <b>6</b>	DAY <b>30</b>	YEAR <b>15</b>	Amount <b>\$ 180. —</b>
Mailing Address <b>2446 Huckleberry way</b>		Description of Expenditure <b>Purchase 7-shirts</b>		
City <b>JAMISON,</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18926</b>		

To Whom Paid <b>Cheltenham Printing</b>	MO. <b>6</b>	DAY <b>30</b>	YEAR <b>15</b>	Amount <b>\$ 59.36</b>
Mailing Address <b>515 Ryers Ave</b>		Description of Expenditure <b>printing</b>		
City <b>Cheltenham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19012 -</b>		

To Whom Paid <b>Friends of Shapiro/Arkoosh</b>	MO. <b>7</b>	DAY <b>15</b>	YEAR <b>15</b>	Amount <b>\$ 2767.57</b>
Mailing Address <b>P.O. Box 348</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>Norris Town</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

To Whom Paid <b>MONTGOMERY COUNTY Dem. COMM.</b>	MO. <b>7</b>	DAY <b>15</b>	YEAR <b>15</b>	Amount <b>\$ 1,000. —</b>
Mailing Address <b>PO Box 857</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

To Whom Paid <b>D. Bruce HANES</b>	MO. <b>7</b>	DAY <b>19</b>	YEAR <b>15</b>	Amount <b>\$ 278.40</b>
Mailing Address <b>313 MARVIN RD</b>		Description of Expenditure <b>Vote Builder subscription</b>		
City <b>ELKINS PARK</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19027-</b>		

To Whom Paid <b>Abby Guster</b>	MO. <b>7</b>	DAY <b>21</b>	YEAR <b>15</b>	Amount <b>\$ 850. —</b>
Mailing Address <b>7938 WALTHAM RD.</b>		Description of Expenditure <b>consultation for fundraiser</b>		
City <b>Cheltenham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19012-</b>		

To Whom Paid <b>Friends of Shapiro/Arkoosh</b>	MO. <b>8</b>	DAY <b>25</b>	YEAR <b>15</b>	Amount <b>\$ 3,000 —</b>
Mailing Address <b>PO BOX 348</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

To Whom Paid <b>Friends of Shapiro/Arkoosh</b>	MO. <b>9</b>	DAY <b>4</b>	YEAR <b>15</b>	Amount <b>\$ 2,000. —</b>
Mailing Address <b>PO BOX 348</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404</b>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <b>\$ 10,135.33</b>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>HANES for Registrar of WILLS</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
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To Whom Paid <b>PAY PAL</b>	MO.	DAY	YEAR	Amount
	10	18	15	\$ 8.58
Mailing Address <b>2211 North First St.</b>	Description of Expenditure <b>Fee for transactions</b>			
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131</b>		
To Whom Paid <b>PAY PAL</b>	MO.	DAY	YEAR	Amount
	6	27	15	\$ 7.43
Mailing Address <b>2211 North First St.</b>	Description of Expenditure <b>Fee for transactions</b>			
City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code (Plus 4) <b>95131-</b>		
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)		
		-		
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)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

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

PAGE TOTAL  
\$ 16.01