### COMMONWEALTH OF PENNSYLVANIA

**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed $250.00 during the reporting period.

**NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST**

D. Bruce Hanes

**STREET ADDRESS**

313 Marvin Road

**CITY**

Elkins Park

**STATE**

Pennsylvania

**ZIP CODE**

19027

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**TYPE OF REPORT**

(CHECK ONE)

- 8TH TUESDAY PRE-PRIMARY
- 2ND FRIDAY PRE-PRIMARY
- 30 DAY POST-PRIMARY
- 6TH TUESDAY PRE-ELECTION
- 2ND FRIDAY PRE-ELECTION
- 30 DAY POST-ELECTION
- ANNUAL REPORT

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**NAME OF OFFICE SOUGHT BY CANDIDATE**

Montgomery County Register of Wills and Clerk of Orphans' Court

**DISTRICT NO.**

1

**PARTY**

Democratic

**DATE OF ELECTION**

11

2

2010

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**DATES OF REPORTING PERIOD**

<table>
<thead>
<tr>
<th>MO.</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>23</td>
<td>2010</td>
</tr>
<tr>
<td>12</td>
<td>31</td>
<td>2010</td>
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**CASH BALANCE AT END OF REPORTING PERIOD:**

$0.00

**TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:**

$0.00

**AMENDMENT REPORT?**

YES

NO X

**TERMINATION REPORT?**

YES

NO X

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**PART I -**

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

**AFFIDAVIT SECTION**

I, the undersigned, do hereby swear or affirm that the aggregate receipts or disbursements or liabilities incurred by me during the reporting period indicated above did not exceed two hundred and fifty dollars ($250.00) and this report is, to the best of my knowledge and belief, complete and correct.

Sworn to and subscribed before me this

25th DAY OF January 2011

COMMONWEALTH OF PENNSYLVANIA

[Signature]

KATHLEEN M. ACOSTA, Notary Public

[Notary Seal]

[Notary's Code]

[Notary's Name]

[Notary's Address]

[Notary's Date]

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**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

Sworn to and subscribed before me this

[Signature]

[Name]

[Date]

[Notary's Code]

[Notary's Name]

[Notary's Address]

[Notary's Date]

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**PART III -**

Sworn to and subscribed before me this

[Signature]

[Name]

[Date]

[Notary's Code]

[Notary's Name]

[Notary's Address]

[Notary's Date]