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.

<table>
<thead>
<tr>
<th>FILER IDENTIFICATION NUMBER</th>
<th>REPORT FILED ON BEHALF OF</th>
<th>CANDIDATE</th>
<th>COMMITTEE</th>
<th>LOBBYIST</th>
</tr>
</thead>
</table>

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

D. Bruce Hanes

STREET ADDRESS

313 Marvin Road

CITY

Elkins Park

STATE

Pennsylvania

ZIP CODE

1919027

NAME OF OFFICE Sought BY CANDIDATE

Montgomery County Register of Wills and Clerk of Orphans' Court

DISTRICT NO.


PARTY

Democratic

DATE OF ELECTION

11 8 2011

TYPE OF REPORT

(CHECK ONE)

BTH 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

X

DATES OF REPORTING PERIOD

<table>
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<tr>
<th>NO.</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>28</td>
<td>2011</td>
</tr>
<tr>
<td>12</td>
<td>31</td>
<td>2011</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

TERMINATION REPORT?

YES

NO

X

AFFIDAVIT SECTION

PART I -
If statement is filed on behalf of a Political Committee or Candidates'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.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS, DISBURSEMENTS OR LIABILITIES INCURRED 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, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

COMMUNITY NOTARY SEAL

AREA CODE

215

DAYTIME TELEPHONE NUMBER

813-1400

PART II -
If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

SIGNATURE OF CANDIDATE

DATE OF

MO. DAY YR.

MY COMMISSION EXPIRES

SIGNATURE OF PERSON SUBMITTING REPORT

20

DATE

MO. DAY YR.

SIGNATURE

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

(717) 787-5280

210 North Office Building • Harrisburg, PA 17120-0029

DSEB-503 (12-99)