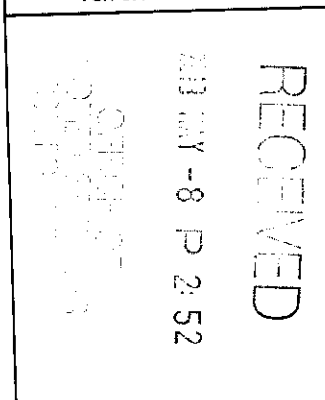


COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

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.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST																																
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST D. Bruce Hanes																																					
STREET ADDRESS 313 Marvin Road																																					
CITY Cheltenham		STATE PA	ZIP CODE 19027																																		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY																																	
	Montgomery County Register of Wills			Democratic																																	
		DATE OF ELECTION																																			
		MO. DAY YEAR		MO. DAY YEAR																																	
		May 21 2013		May 21 2013																																	
6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">DATES OF REPORTING PERIOD</td> <td>MO. DAY YEAR</td> <td>TO</td> <td>MO. DAY YEAR</td> </tr> <tr> <td colspan="2"></td> <td>Jan 1 2013</td> <td></td> <td>May 6 2013</td> </tr> <tr> <td colspan="2">CASH BALANCE AT END OF REPORTING PERIOD:</td> <td colspan="4">\$ 0.00</td> </tr> <tr> <td colspan="2">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td colspan="4">\$ 0.00</td> </tr> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>				DATES OF REPORTING PERIOD		MO. DAY YEAR	TO	MO. DAY YEAR			Jan 1 2013		May 6 2013	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	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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AMENDMENT REPORT?	YES					<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>																													
TERMINATION REPORT?	YES					<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>																													
2ND FRIDAY PRE-PRIMARY	<input checked="" type="checkbox"/>																																				
30 DAY POST-PRIMARY	<input type="checkbox"/>																																				
6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>																																				
2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>																																				
30 DAY POST-ELECTION	<input type="checkbox"/>																																				
ANNUAL REPORT	<input type="checkbox"/>																																				
FOR OFFICE USE ONLY																																					
																																					

**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 OR 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

DAY OF May 2013

*[Signature]*

SIGNATURE OF PERSON SUBMITTING REPORT

D. BRUCE HANES

PRINTED NAME

215 813-1400

AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL  
 MY COMMISSION EXPIRES  
DONNA L. MURPHY, Notary Public  
Jenkintown Boro., Montgomery County  
My Commission Expires May 9, 2015

**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

DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_

MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 AREA CODE

\_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER