

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 <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Russell J. Bone							
STREET ADDRESS 3248 Hayes Rd.							
CITY East Newton			STATE PA	ZIP CODE 15403			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
	6TH TUESDAY PRE-PRIMARY		Sheriff of Montgomery County 46		R		MO. DAY YEAR 11 3 2015
	2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY
	30 DAY POST-PRIMARY		MO. DAY YEAR TO MO. DAY YEAR 6 9 15 TO 10 19 15				
	6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$		0		
	2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0		
	30 DAY POST-ELECTION		AMENDMENT REPORT?		YES NO <input checked="" type="checkbox"/>		
ANNUAL REPORT		TERMINATION REPORT?		YES NO <input checked="" type="checkbox"/>			

**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.

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 WHITNEY ROBIN DAVIS  
 Notary Public  
 MONTGOMERY COUNTY, PENNSYLVANIA  
 My Commission Expires 12/31/2018

22 DAY OF 20 15

SIGNATURE OF PERSON SUBMITTING REPORT  
 Russell J. Bone  
 PRINTED NAME  
 Russell J. Bone

610 AREA CODE  
 637-3490 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES MO. DAY YR.  
 12 31 2018

**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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER