

# 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> <input checked="" type="checkbox"/>		COMMITTEE <sup>2.</sup> <input type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <i>Russell J. Bone</i>											
Street Address: <i>3248 Hayes Del.</i>											
City: <i>East Norriton</i>					State: <i>PA</i>		Zip Code: <i>19403</i>				
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>		
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6. <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES <input checked="" type="checkbox"/>	NO		
	ANNUAL REPORT	7.	YEAR <i>2015</i>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate: <i>Sheriff of Montgomery County</i>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO.	DAY	YEAR	<i>46</i>	<i>411</i>	<i>R</i>	
					<i>11</i>	<i>3</i>	<i>15</i>	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<i>10</i>	<i>19</i>	<i>15</i>		<i>11</i>	<i>23</i>	<i>15</i>		
A. Amount Brought Forward From Last Report					\$		<i>0</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		<i>0</i>				
C. Total Funds Available (Sum of Lines A and B)					\$		<i>0</i>				
D. Total Expenditures (From Schedule III)					\$		<i>1500</i>				
E. Ending Cash Balance (Subtract Line D from Line C)					\$		<i>0</i>				
F. Value of In-Kind Contributions Received (From Schedule II)					\$		<i>0</i>				
G. Unpaid Debts and Obligations (From Schedule IV)					\$		<i>0</i>				

### 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 15 day of NOVEMBER, 2015

*Whitney Robin Davis*  
Notary Public  
MONTGOMERY COUNTY, PENNSYLVANIA  
My Commission Expires Feb 26, 2018

*Russell J Bone*  
Signature of Person Submitting Report  
*Russell J Bone*  
Printed Name  
*610* Area Code *637-3490* Daytime Telephone Number

My commission expires 2018 MO. DAY YR.

**PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Russell J. Bruno</i>	Reporting Period From <i>10/1/15</i> To <i>11/23/15</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>Holy Savior Club</i>				<b>\$ 1500</b>
Mailing Address <i>436 E. Main St</i>	Description of Expenditure			
City <i>Norristown</i> State <i>PA</i> Zip Code (Plus 4) <i>191401</i>	<i>Dinner on Election Night For US House</i>			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<b>\$</b>
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<b>\$</b>
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<b>\$</b>
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<b>\$</b>
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<b>\$</b>
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<b>\$</b>
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<b>\$</b>
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<b>\$</b>
City	Description of Expenditure			
State	Zip Code (Plus 4)			

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

PAGE TOTAL
<b>\$ 1500</b>