

# 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 <b>D. BRUCE HANES</b>																	
STREET ADDRESS <b>313 MARVIN RD.</b>																	
CITY <b>GLACIUS PARK</b>		STATE <b>PA</b>	ZIP CODE <b>19027 -</b>														
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <b>MONTGOMERY COUNTY REGISTER OF WILLS / CLERK OF ORPHANS COURT</b>		DISTRICT NO.	PARTY <b>DEM.</b>	DATE OF ELECTION MO. DAY YEAR <b>11 3 2015</b>												
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY														
	<table border="1" style="display: inline-table; margin-right: 20px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>26</td><td>15</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>15</td></tr> </table>		MO.	DAY	YEAR	11	26	15	MO.	DAY	YEAR	12	31	15			
	MO.	DAY	YEAR														
	11	26	15														
	MO.	DAY	YEAR														
	12	31	15														
CASH BALANCE AT END OF REPORTING PERIOD: \$ _____																	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____																	
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																	
TERMINATION REPORT? YES <input type="checkbox"/> 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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
22<sup>nd</sup> DAY OF January 2016  
Stephanie R. Courtney  
 SIGNATURE  
 MY COMMISSION EXPIRES 3 12 17 YR.  
 COMMONWEALTH OF PENNSYLVANIA

[Signature]  
 SIGNATURE OF PERSON SUBMITTING REPORT  
D. BRUCE HANES  
 PRINTED NAME  
215 813-1400  
 AREA CODE DAYTIME TELEPHONE NUMBER

**NOTARIAL SEAL**  
**STEPHANIE R. COURTNEY, Notary Public**  
 Jenkintown Boro., Montgomery County  
 My Commission Expires March 12, 2017

### 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