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

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

D. BRUCE HANES

STREET ADDRESS

313 MARVIN RD.

CITY

ELKINS PARK

STATE

PA

ZIP CODE

19027

REPORT FILED ON BEHALF OF

CANDIDATE

×

COMMITTEE


LOBBYIST


NAME OF OFFICE Sought by CANDIDATE

MONTGOMERY COUNTY REGISTRAR OF WILLS/Clerk

DISTRICt NO.

PARTY

DEM.

DATE OF ELECTION

11-3-2015

FOR OFFICE USE ONLY

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

NO

TERMINATION REPORT?

YES

NO

6TH TUESDAY PRE-PRIMARY

1.

2ND FRIDAY PRE-PRIMARY

2.

30 DAY POST-PRIMARY

3.

6TH TUESDAY PRE-ELECTION

4.

2ND FRIDAY PRE-ELECTION

5.

30 DAY POST-ELECTION

6.

ANNUAL REPORT

7.

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate’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 SWORN (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, TRUTHFUL, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

__________________________

DAY OF ____________________ 2016

__________________________

SIGNATURE

__________________________

MY COMMISSION EXPIRES ____________________ 2017

__________________________

SIGNATURE

__________________________

STATEMENT OF PERSON SUBMITTING REPORT

__________________________

PRINTED NAME

__________________________

SIGNATURE

__________________________

AREA CODE

__________________________

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate’s Authorized Committee, Candidate must sign here.

I SWORN (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 ____________________ 2016

__________________________

SIGNATURE

__________________________

MY COMMISSION EXPIRES ____________________ 2017

__________________________

SIGNATURE

__________________________

STATEMENT OF CANDIDATE

__________________________

PRINTED NAME

__________________________

SIGNATURE

__________________________

AREA CODE

__________________________

DAYTIME TELEPHONE NUMBER

DSEB-303 (12-99)

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