

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 D. BRUCE HANES						
STREET ADDRESS 313 MARVIN RD.						
CITY ELKINS PARK		STATE PA	ZIP CODE 19027 -			
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 MONTGOMERY COUNTY REGISTER OF WILLS / CLERK OF ORPHANS COURT		DISTRICT NO.	PARTY DEM.	DATE OF ELECTION MO. DAY YEAR 11 3 2015	
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY	
	MO. DAY YEAR	TO	MO. DAY YEAR			
	CASH BALANCE AT END OF REPORTING PERIOD: \$					
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$					

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 22nd DAY OF January 20 16 _____ SIGNATURE Stephanie R. Courtney MY COMMISSION EXPIRES 3 12 17 YR.	_____ SIGNATURE OF PERSON SUBMITTING REPORT D. BRUCE HANES PRINTED NAME 215 813-1400 AREA CODE DAYTIME TELEPHONE NUMBER
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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 Political Committee or Candidates'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
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