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
CAMPAIGN COMMITTEE

D. BRUCE HANES

DATE OF ELECTION
11-8-2016

TYPE OF REPORT
(CHECK ONE)

NAME OF OFFICE SOUGHT BY CANDIDATE
CLERK OF ORPHANS COURT

DISTRICT NO.

PARTY
DEM

DATES OF REPORTING PERIOD
11-28-2016 TO 12-31-2016

CASH BALANCE AT END OF REPORTING PERIOD:
$00.00

TOTAL AMOUNT OF FILER’S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:
$00.00

AMENDMENT REPORT?

TERMINATION REPORT?

YES
NO

FOR OFFICE USE ONLY

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, whether 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.

[Signature]
D. BRUCE HANES

SIGNATURE OF PERSON SUBMITTING REPORT

DATE OF SUBMISSION
2017-01-26

ADDRESS

NUMBER (OR TELEPHONE NUMBER)
813-1400

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.

[Signature]

DAY OF
20__

SIGNATURE OF CANDIDATE

ADDRESS

NUMBER

MO. DAY YA.