

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 ECKING PARK.			STATE PA	ZIP CODE 19027-														
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION													
	MONTGOMERY COUNTY REGISTER OF WILLS / CLERK			DEM	MO.	DAY	YEAR											
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>17</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>5</td><td>1</td><td>17</td></tr> </table>		MO.	DAY	YEAR	1	1	17	MO.	DAY	YEAR	5	1	17	FOR OFFICE USE ONLY RECEIVED 2017 MAY -3 PM 2:51 VOTING DIVISION		
MO.	DAY			YEAR														
1	1	17																
MO.	DAY	YEAR																
5	1	17																
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>																	
30 DAY POST-PRIMARY	3.																	
6TH TUESDAY PRE-ELECTION	4.																	
2ND FRIDAY PRE-ELECTION	5.																	
30 DAY POST-ELECTION	6.																	
ANNUAL REPORT	7.																	
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	<input checked="" type="checkbox"/>														
TERMINATION REPORT?		YES	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
3rd DAY OF May 2017

Kathleen M. Acosta
 SIGNATURE
 MY COMMISSION EXPIRES 11/30/2018
 COMMONWEALTH OF PENNSYLVANIA

D. Bruce Hanes
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
215 813-1400
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 KATHLEEN M. ACOSTA, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires 11/30/2018

PART II -

If statement is filed on behalf of a Political 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