

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)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY		MONTGOMERY COUNTY REGISTER OF WILLS/CLERK OF ORPHANS COURT					MO.	DAY		
2ND FRIDAY PRE-PRIMARY							11	3		
30 DAY POST-PRIMARY							YEAR 2015			
6TH TUESDAY PRE-ELECTION							FOR OFFICE USE ONLY			
2ND FRIDAY PRE-ELECTION										
30 DAY POST-ELECTION										
ANNUAL REPORT										
		DATES OF REPORTING PERIOD			MO.	DAY	YEAR	MO.	DAY	YEAR
					6	9	2015	10	19	2015
		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?		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

22nd DAY OF **October** 20**15**

Anna B. Murphy
SIGNATURE

COMMONWEALTH OF PENNSYLVANIA
MO. DAY YR.

NOTARIAL SEAL
DONNA L. MURPHY, Notary Public
Jenkintown Boro., Montgomery County
My Commission Expires May 2, 2018

SIGNATURE OF PERSON SUBMITTING REPORT

D. BRUCE HANES
PRINTED NAME

215 813-1400
AREA CODE DAYTIME TELEPHONE NUMBER

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