

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											
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											
	<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>6</td> <td>9</td> <td>2015</td> </tr> </table> TO <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>10</td> <td>19</td> <td>2015</td> </tr> </table>			MO.	DAY	YEAR	6	9	2015	MO.	DAY	YEAR	10	19	2015	
MO.	DAY	YEAR														
6	9	2015														
MO.	DAY	YEAR														
10	19	2015														
DATE OF ELECTION																
<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>3</td> <td>2015</td> </tr> </table>		MO.	DAY	YEAR	11	3	2015									
MO.	DAY	YEAR														
11	3	2015														
FOR OFFICE USE ONLY																
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. <input checked="" type="checkbox"/>															
30 DAY POST-ELECTION	6.															
ANNUAL REPORT	7.															
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>00.00</u>														
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>00.00</u>														
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 2015

Anna S. Murphy
SIGNATURE

D. Bruce Hanes
SIGNATURE OF PERSON SUBMITTING REPORT

D. BRUCE HANES
PRINTED NAME

215 813-1400
AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL MO. DAY YR.

DONNA L. MURPHY, Notary Public
Jenkintown Boro., Montgomery County
My Commission Expires May 3, 2018

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

____ DAY OF _____ 20____

SIGNATURE

SIGNATURE OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER