

# 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 <b>D. BRUCE HANES</b>									
STREET ADDRESS <b>313 MAEWIN RD</b>									
CITY <b>ELKINS Park,</b>			STATE <b>PA</b>		ZIP CODE <b>19027 -</b>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		1. <b>MONTGOMERY County Register of Wills / clerk of Orphans court</b>			<b>Dem</b>		MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY		2.					<b>11</b>	<b>3</b>	<b>15</b>
30 DAY POST-PRIMARY		3.					FOR OFFICE USE ONLY		
6TH TUESDAY PRE-ELECTION		4.							
2ND FRIDAY PRE-ELECTION		5.							
30 DAY POST-ELECTION		6. <input checked="" type="checkbox"/>							
ANNUAL REPORT		7.							
		DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR	
				<b>10 20 15</b>		<b>TO</b>		<b>11 23 15</b>	
		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	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	<input type="checkbox"/>	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  
15<sup>th</sup> DAY OF December 2015

Stephanie R. Courtney  
SIGNATURE

D. BRUCE HANES  
SIGNATURE OF PERSON SUBMITTING REPORT

215 813-1400  
AREA CODE DAYTIME TELEPHONE NUMBER

**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 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 \_\_\_\_\_