

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		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE ²	<input type="checkbox"/> LOBBYIST ³																				
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																				
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>		MONTGOMERY COUNTY REGISTER OF WILLS			DEM																				
		DATES OF REPORTING PERIOD <table border="1"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>11</td><td>23</td><td>09</td> <td></td> <td>12</td><td>31</td><td>09</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	11	23	09		12	31	09	DATE OF ELECTION <table border="1"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>		MO.	DAY	YEAR			
MO.	DAY	YEAR	TO	MO.	DAY	YEAR																			
11	23	09		12	31	09																			
MO.	DAY	YEAR																							
		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>		FOR OFFICE USE ONLY RECEIVED 2010 JAN 29 A 10:19 OFFICE OF VOTER SERVICES MONTG. CO. PA																					
		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
28th DAY OF JANUARY 2010
[Signature]
 SIGNATURE
 MY COMMISSION EXPIRES 11 - 30 - 2010
 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
D. BRUCE HANES
 PRINTED NAME
215 813-1400
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 KATHLEEN M. ACOSTA, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires November 30, 2010

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
 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____