CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE X	COMMITTEE 2 LOBBYIST 3
D. BCCC	HANES			
	MARVIN RD.			
CITY ELKIN.	4 PARK	STATE PA	ZIP CI	1627. —
TYPE OF REPORT	ME OF OFFICE SOUGHT BY CANDIDATE ADDICOMERY COUNTY REGISTER OF WILLS		PARTY	DATE OF ELECTION MO. DAY YEAR 5 (6) 7
6TH TUESDAY PRE-PRIMARY		MO. DAY YEAR		FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING 5 Z T TO			ි. ප්
30 DAY POST-PRIMARY	CASH BALANCE AT END			
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$	_	
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILI AT THE END OF REPORTING PER			
30 DAY POST-ELECTION	AMENDMENT YES	NO +		
ANNUAL REPORT	TERMINATION YES	NO Y		
	AFF	DAVIT SECTION		
If statement is filed on t If statement is filed on t	behalf of a <u>Political Committee <i>or</i> (</u> behalf of a <u>Candidate,</u> the Candida	Candidates's Commi ate must sign here.		asurer must sign here.
If statement is filed on the statement is filed on the statement is filed on the swear (or affirm) that the	behalf of a <u>Political Committee <i>or</i> (</u>	Candidates's Commi ate must sign here. he Lobbyist must sig LIABILITIES INCURREPTOURING	n here.	ASURER MUST SIGN HERE. PERIOD INDICATED ABOVE DID NOT RUE, CORRECT AND COMPLETE.
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Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280