

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 ELKING PARK		STATE PA	ZIP CODE 19627	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY REGISTER of WILLS		DISTRICT NO.	PARTY
	DATE OF ELECTION MO. DAY YEAR 5 16 17		FOR OFFICE USE ONLY	
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 5 2 17 TO 6 5 17		RECEIVED JUN 15 PM 2:01 OFFICE OF THE CLERK OF THE COMMONWEALTH	
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD: \$ _____			
30 DAY POST-PRIMARY <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____			
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
30 DAY POST-ELECTION <input type="checkbox"/>				
ANNUAL REPORT <input 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
15th DAY OF June 2017

Stephanie R. Courtney
 SIGNATURE
 MY COMMISSION EXPIRES _____ DAY YR. _____

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

NOTARIAL SEAL
STEPHANIE R. COURTNEY, Notary Public
Jenkintown Boro., Montgomery County
My Commission Expires March 12, 2021

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

MY COMMISSION EXPIRES _____ MO. DAY YR. _____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER