

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 <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST D. BRUCE HANES																							
STREET ADDRESS 313 MARVIN ROAD																							
CITY ELKINS PARK			STATE PA	ZIP CODE 19027-																			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY REGISTER OF WILLS		DISTRICT NO.	PARTY DEM																		
6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	<table border="1"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td colspan="3">DATE OF ELECTION</td> </tr> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>1</td> <td>1</td> <td>10</td> <td>5</td> <td>18</td> <td>2010</td> </tr> </table>		DATES OF REPORTING PERIOD			DATE OF ELECTION			MO.	DAY	YEAR	MO.	DAY	YEAR	1	1	10	5	18	2010	FOR OFFICE USE ONLY	
DATES OF REPORTING PERIOD				DATE OF ELECTION																			
MO.	DAY			YEAR	MO.	DAY	YEAR																
1	1			10	5	18	2010																
2ND FRIDAY PRE-PRIMARY	<input checked="" type="checkbox"/>			CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>00.00</u>		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">2010 MAY -4 P 2:04</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">OFFICE OF VOTER SERVICES MONTG. CO. PA.</p>																	
30 DAY POST-PRIMARY	<input type="checkbox"/>			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>00.00</u>																			
6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>			<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>				AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO										
AMENDMENT REPORT?	YES	NO																					
TERMINATION REPORT?	YES	NO																					
2ND FRIDAY PRE-ELECTION	<input 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
4th DAY OF May 2010

 SIGNATURE

 SIGNATURE OF PERSON SUBMITTING REPORT
D. BRUCE HANES
 PRINTED NAME

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 DONNA L. MURPHY, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires May 19, 2011

215 **813-1400**
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Political Committee or Candidates'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