Campaign Finance Report PAGE 1 OF

Daytime Telephone Number

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.) Filer Identification Report CANDIDATE COMMITTEE LOBBYIST Filed by: Number: BRUCE HANES MARVIN ROAD LKINS PARK Zip Code: TYPE OF BTH THESDAY 2ND FRIDAY 30-DAY AMENDMENT YES NO POST PRIMARY PRE-PRIMARY PRE-PRIMARY REPORT? REPORT 6TH TUESDAY 2ND FRIDAY TERMINATION VER NO PRE-ELECTION POST ELECTION PRE-ELECTION REPORT? (place X to the right of FILING METHOD ANNUAL YEAR DISKETTE PAPER report type) CHECK ONE REPORT Name of Office Sought by Candidate: DATE OF ELECTION District Office County Рапу Number Code Code Code COUNTY MONTGO MERY MO. DAY YEAR 6 REGISTER OF WILLS/CLERK OF ORPHANS 2010 COURT (SEE INSTRUCTIONS FOR CODES) FOR OFFICE USE ONLY DAV YEAR YEAR MO DAY Summary of Receipts To 2010 2010 and Expenditures from: 00.00 A. Amount Brought Forward From Last Report \$ 00.00 \$ B. Total Monetary Contributions and Receipts (From Schedule I) 00.00 C. Total Funds Available (Sum of Lines A and B) \$ D. Total Expenditures (From Schedule III) \$ E. Ending Cash Balance (Subtract Line D from Line C) Value of In-Kind Contributions Received (From Schedule II) \$ ത. ത G. Unpaid Debts and Obligations (From Schedule IV) AFFADAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete Sworn to and subscribed before me this day of _ Signature of Pers Signature My commission expires MO DAY YR Area Code Daytime Telephone Number PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 (P.L. 1333, No. 320) as amended COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL DONNA L. MURPHY Notary Public Jentamown Boro., Montgomery County
My Commission Expires May 9, 2011 My commission expires

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Name of Filing Committee or Candidate D. BRUCE HANES	Reporting Period From 10-18-2010 10-18-2010
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIB	UTOR
TOTAL for the Reporting Period (1)	\$
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$
4. OTHER RECEIPTS REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC.	(FROM PART E)
TOTAL for the Reporting Period (4)	\$
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	s 00.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate D. BRUCE HANE.	<u> </u>		F	Reporting Period From D • 1	8.20	10 to 11. 22. 20H
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	····		100	DAY	YEAR	\$
S. In.	0	Zin Code /Diss. 43	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY ::	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		-	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City		Zin Code (Direct)	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<u> </u>	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		-	BO .	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	: MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-	MO.	DAY	YEAR	
Full Name of Contributing Committee						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Schedule	I, Detailed Su	ımmary Page,	Section	2.		PAGE TOTAL \$ 00.00

All Other Contributions

408 12

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

D. BRUCE HANES				From O •	3.20	10. 11-22-2010
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
	T		MO.	DAY	YEAR	3
City	State	Zip Code (Plus 4)			I CAN	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>	<u>-</u>	MO.	DAY	YEAR	\$
			MO.	DAY	YEAR	<u> </u>
Mailing Address						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			. MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	.		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate D. BRUCE HANES				Reporting Perio	8.50	010 ₁₀ 11. 22 · 2010
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<u>L</u>	MO.	DAY	YEAR	\$
Mailing Address		<u>. </u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	ш;	<u></u>	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		-	MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	Щ.		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u></u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committ ee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Schedule I, D)etaile:	d Summary Pag	je, Secí	tion 3.		s On . NO

All Other Contributions

OVER \$250.00

6 % 12

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Reporting Period

Name of Filing Committee or Candidate

D. BRUCE HANES				From D•	18· 2c	010 To 11. 2 - 2010
			**	DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		*****	MO.	DAY	YEAR	
] \$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Employer Name	Occupatio	ın.				
Employer Mailing Address/Principal Place of Business						44 - 24 - 11.
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY:	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupatio	n				
Employer Mailing Address/Principal Place of Business						
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	n		<u></u>
Employer Mailing Address/Principal Place of Business			I			
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	n	•	l
Employer Mailing Address/Principal Place of Business						

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and Prior expenditures that were returned to the filer.

Name of filing committee or Candidate D. BRUCE HANES			Reporting Perior	8. 2016 11. 22. 501
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	DAY YEAR	Amount \$
Receipt Description				
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	DAY YEAR	Amount \$
Receipt Description	1			
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	DAY YEAR	Amount \$
Receipt Description				•
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	DAY YEAR	Amount \$
Receipt Description	1			<u> </u>
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	DAY YEAR	Amount \$
Receipt Description				
Full Name				
Mailing Address	и		11-11-11-	
City	State	Zip Code (Plus 4) MO	DAY YEAR	Amount \$
Receipt Description		4		
				DACE TOTAL

Enter Grand Total of Part E on Schedule I, Detailed Summary Page Section 4.

SCHEDULE II

In-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of filing committee or Candidate D. BRUCE HANES	Rep	From 10 · 18 · 2019 0 11 · 22 · 201
1. UNITEMIZED IN THE EXCENTRIBETIONS RECEIVED - VALUE OF \$50.0	0 OR LE	SS PER CONTRIBUTOR
TOTAL for the Reporting Period	(1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00	(FROM	PARTE)
TOTAL for the Reporting Period	(2)	\$
3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM	I PART (
TOTAL for the Reporting Period	(3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2,		s 00.00

SCHEDULE II PART F

In-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$ 250.00

Name of filing committee or Candidate D. BRUCE HA	NES			Repor	ting Perio	od 8 · 2010 To 1 <u> · 22 · 201</u>
<i>y</i> 2.0000				DATE		AMOUNT
Full Name of Contributor			We.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	NO.	DAY	YEAR	
Description of Contribution		-				\$
Full Name of Contributor	,,		MO.	NAV	SELVICIAL SE	
rull Name of Contributor			and and			\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	WC .	DAY	YEAR	\$
Description of Contribution						Y
Full Name of Contributor			MG .	DAY	YEAR	
				DAY	YEAR	\$
Mailing Address			. 46			\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Description of Contribution						<u> </u>
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
		Zie Oode (Dies A)			VEAR	\$
City	State	Zip Code (Plus 4) -	MO.	UAT	YEAR	\$
Description of Contribution						
Full Name of Contributor			MO M	DAY	YEAR	\$
Mailing Address			10	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
		-				\$
Description of Contribution						
Full Name of Contributor		****	WO	DAY	YEAR	\$
Mailing Address				DAY	YEAR	\$
City	State	Zip Code (Plus 4)	i i i i i i i i i i i i i i i i i i i	DAY	YEAR	
Description of Contribution					<u> </u>	\$
2000.900.00						I DACE TOTAL

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

\$ 00.00

SCHEDULE II PART G

In-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$ 250.00

Name of filing committee or Candidate D. BEUCE HANES				Reporting Pe	riod 18.2010 to 11.33.30	
				DATE	AMOUNT	
Full Name of Contributor			MAG	FIDAY ELEYEAR	s	
Mailing Address	. 		##MONES	DAY EYEAR	\$	
City	State	Zip Code (Plus 4) -	MC.	HIDAY III III YEAR	\$	
Employer of Contributor			Occupation	1		
Employer Mailing Address/Principal Piece of Business	Description	of Contribution				
Full Name of Contributor			МО	HEAME HEAM	\$	
Mailing Address			EHEMONER)	E DAY THEAR	\$	
City	State	Zip Code (Plus 4)	Wo.	IN ONLY IN THE STATE OF THE STA	\$	
Employer of Contributor			Occupation	1		
Employer Mailing Address/Principal Piece of Business			Description	of Contribution		
Full Name of Contributor	,		H100 X.50 20000 H	HENY HEYEAR	olate sizesi	
Mailing Address			MEMONINE.	DAY	\$	
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$	
Employer of Contributor			Occupation	<u> </u>	_ ·	
Employer Mailing Address/Principal Piece of Business			Description	of Contribution		
Full Name of Contributor			Ne L	EXYEAR EXYEAR	\$	
Mailing Address			HIPMOLERIA	DAY	\$	
City	State	Zip Code (Plus 4)	HAM NO MAIN	SHEAYING MAYEAR	\$	
Employer of Contributor			Occupation	1		
Employer Mailing Address/Principal Piece of Business			Description	of Contribution		
Full Name of Contributor			ejida MO jeuri		\$	
Mailing Address			SH MO	HEDAYAH HAYEA:	\$	
City	State	Zip Code (Plus 4)	*** MO		\$	
Employer of Contributor			Occupatio	n		
Employer Mailing Address/Principal Piece of Business			Description of Contribution			
Enter Grand Total of Part G on Scho	edule II, I	n-Kind Contribut	ions Deta	iled	PAGE TOTAL S O O O O	

Summary Page, Section 3.

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate Rep	
	orting Period
D. BRUCE HANES	LOW D. 18. SOIO LO [1. 33. SOI

To Whom Paid			MO. DAY	YEAR	Amount
					\$
			B 100 100 100 100	41	<u> </u>
Mailing Address			Description of Contribu	ition	
		<u> </u>			
City	State	Zip Code (Plus 4)			
To Whom Paid			MO. DAY	YEAR	Amount
					\$
		·····	D. winter of Contribu	.41	<u> </u>
Mailing Address			Description of Contribu	ition	

City	State	Zip Code (Plus 4)			
		-			
To Whom Paid			MO DAY	YEAR	Amount
					\$
			D	A!	
Mailing Address			Description of Contribu	Ition	
City	State	Zip Code (Plus 4)			
		-			
To Whom Paid			HC DAY	YEAR	Amount
					\$
					*
Mailing Address			Description of Contribu	ition	i
City	State	Zip Code (Plus 4)			i
		-			
To Whom Paid			MO L DAY	YEAR	Amount
					\$
					→
			Depositation of Contribu	4:	
Mailing Address			Description of Contribu	ition	
			Description of Contribu	ition	
Mailing Address City	State	Zip Code (Plus 4)	Description of Contribu	ition	
	State	Zip Code (Plus 4) -	·		
	State	Zip Code (Plus 4) -	Description of Contribu		Amount
City	State	Zip Code (Plus 4) -	·		
City To Whom Paid	State	Zip Code (Plus 4) -	当時、これの路 開閉・八人の前	₩X:V:₩	Amount \$
City	State	Zip Code (Plus 4) -	·	₩X:V:₩	
City To Whom Paid Mailing Address		-	当時、これの路 開閉・八人の前	₩X:V:₩	
City To Whom Paid	State State	Zip Code (Plus 4) - Zip Code (Plus 4)	当時、これの路 開閉・八人の前	₩X:V:₩	
City To Whom Paid Mailing Address		-	当時、これの路 開閉・八人の前	₩X:V:₩	
City To Whom Paid Mailing Address		-	当時、これの路 開閉・八人の前	YEAR	
City To Whom Paid Mailing Address City		-	Description of Contribu	YEAR	\$ Amount
City To Whom Paid Mailing Address City To Whom Paid		-	Description of Contribu	MYCAR MI	\$
City To Whom Paid Mailing Address City		-	Description of Contribu	MYCAR MI	\$ Amount
City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4)	Description of Contribu	MYCAR MI	\$ Amount
City To Whom Paid Mailing Address City To Whom Paid		-	Description of Contribu	IIIYEARIIII	\$ Amount
City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4)	Description of Contribu	HYEAR III	Amount \$
City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4)	Description of Contribu	HYEAR III	Amount \$
City To Whom Paid Mailing Address City To Whom Paid Mailing Address City	State	Zip Code (Plus 4)	Description of Contribu	HYEAR III	Amount \$
City To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid	State	Zip Code (Plus 4)	Description of Contribu	HYEAR HI	Amount \$
City To Whom Paid Mailing Address City To Whom Paid Mailing Address City	State	Zip Code (Plus 4)	Description of Contribu	HYEAR HI	Amount \$
City To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4) Zip Code (Plus 4) Zip Code (Plus 4)	Description of Contribu	HYEAR HI	Amount \$
City To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid	State	Zip Code (Plus 4)	Description of Contribu	HYEAR HI	Amount \$

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

S DO. 50

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations Which are outstanding at the end of the reporting period.

Name of filing committee or Candidate D. BRUCE HANES	Reporting P	eriod 18 · 2010Tol · 33 · 30
Name of Creditor		Outstanding Balance of Debt
Mailing Address		
naming Address		
Dity	State Zip Code (Plus	Alexandric per la
Description of Debt		
Name of Creditor		Outstanding Balance of Debt \$
Mailing Address		
City	State Zip Code (Plus	4)
Description of Debt		
Name of Creditor		Outstanding Balance of Debt \$
Mailing Address		
Dity	State Zip Code (Plus	4)
Description of Debt	-	
Name of Creditor		Outstanding Balance of Debt
Mailing Address		
	State Zip Code (Plus	
City	- Clare Zip Code (Field	4)
Description of Debt		Cutatonding Balance of Daht
Name of Creditor		Outstanding Balance of Debt
Mailing Address	MO III DAYE BYE	
Dity	State Zip Code (Plus	4)
Description of Debt		Leadingson community and the felt of the f
Name of Creditor		Outstanding Balance of Debt \$
Mailing Address		
City	State Zip Code (Plus	4)
Description of Debt	-	
		PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, R	eport Cover Page, Item G.	\$ 00.50