

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 Pennsylvania	ZIP CODE 19027		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	Montgomery County Register of Wills and Clerk of Orphans' Court			Democratic	MO. 11	DAY 2 YEAR 2010
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	2.	MO. 11 DAY 23 YEAR 2010	TO	MO. 12 DAY 31 YEAR 2010	RECEIVED 2011 JAN 25 P 3: 39 OFFICE OF VOTER SERVICES MONTG. CO. PA	
30 DAY POST-PRIMARY <input type="checkbox"/>	3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 00.00 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 00.00				
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4.					
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	5.					
30 DAY POST-ELECTION <input type="checkbox"/>	6.					
ANNUAL REPORT <input checked="" type="checkbox"/>	7. <input checked="" type="checkbox"/>	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
 25th DAY OF January 20/11

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
D. Bruce Hanes
 PRINTED NAME

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

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KATHLEEN M. ACOSTA, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires November 30, 2014

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 OF CANDIDATE

 PRINTED NAME

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____

 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____