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.

SELECTION FOR THE PROPERTY OF		REPORT FILED ON BEHALF OF	CANDIDATE	: Х сомиште	Б 1	EORBAIR) 3
NAME OF HUNG COMMITTEE, D. Bruc	CANDIDATE OR LOSBYIST E Hanes					
STMEET ADOMESS 313 Ma	rvin Road					
Elkins Park		Pennsylvania		219 CODE 1919027		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SCUGHT BY CANDIDATE Montgomery County Register of Wills at Clerk of Orphans' Court	nd DISTRICT NO.	PARTY Democra	410	DAY	YEAR 2011
6TH TUESDAY PRE-PRIMARY		MO. SAY YEAR	1		R OFFICE US	
2nd Friday PRE-PRIMARY	DATES OF REPORTING PERIOD 10 25 2011	11 28 2011				
30 DAY POST-PRIMARY 6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:	S_00.00		<u>SÓ</u>	2011 DEC	田
2ND FRIDAY PRE-ELECTION 6	OF REPORTING PERIOD: S 00.00 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: S 00.00					
30 DAY POST-ELECTION X	AMENDMENT YES REPORT?	NO X			2: 2	\mathbf{O}
ANNUAL REPORT	TERMINATION YES REPORT?	NO X		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ë	
sta ement is file sta eme t CNIA- sta em entication	CALTH OF PENNSYLVANIA OTABIAL SEALA Political Committee or Can MURPHY (Notan Cabledate) Borob Monten (Cabledate) Borob Monten (Cabledate) Borob Monten (Cabledate)	must situn Here.	- 0	Treasurer m	iust sign	here.
SAMAR (A SAME. 3 KOSED TWO HUNDRED	SURSEMENTS OR LIAB	LT 95 PCUPPED 2015	Z WN	ONG PHECO INC. FURDE, CURPE SON SUBMITTING	CT AND ÇÇ≹	
MY COMMISSION	MWEALTH OF PENNSYLVANIA	215 AREA CODE	813-14	ED NAME	ONE NUMBE	<u>ER</u>
statement is Jenkir My C	NOTARIAL SEAL NA L. MURPHY, Notary Public town: Borour More comani Seal of Authorized Co ommission Exc				***************************************	
	By) that to the best of my knowledge and belief this i.e. 1333 , No. 320) as amended.	POUTICAL COMMITTEE	HAS 액근 VIO.	SVORR YMA G ETA	EDNS OF TH	·E ACT OF
	SUBSCRIBED BEFORE ME THIS		SIGNATURE	OF CANDIDATE	Ē	
	SIGNATURE		PRINT	TED NAME		annancement of the . * **
MY COMMISSION	MO. DAY YR.	AREA CODE	DA	AYTIME TELEPHO	ONE NUMBE	ER