

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 HANES for Register of Wills - D. BRUCE HANES											
STREET ADDRESS 313 Marvin Street.											
CITY ELKINS PARK, PA			STATE PA		ZIP CODE 19027						
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION				
6TH TUESDAY PRE-PRIMARY		MONTGOMERY County Register of Wills / Clerk of Orphans Court			Dem.		MO.	DAY	YEAR		
2ND FRIDAY PRE-PRIMARY							11	6	2012		
30 DAY POST-PRIMARY							FOR OFFICE USE ONLY				
6TH TUESDAY PRE-ELECTION							RECEIVED 2012 OCT 25 P 12:22 OFFICE OF VOTER SERVICES MONTGOMERY CO PA				
2ND FRIDAY PRE-ELECTION										CASH BALANCE AT END OF REPORTING PERIOD: \$ 00.00 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 1	
30 DAY POST-ELECTION										AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ANNUAL REPORT										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.

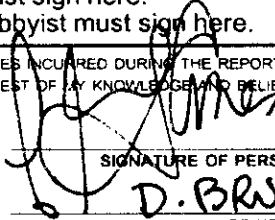
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

25th DAY OF October 2012

COMMONWEALTH OF PENNSYLVANIA

DONNAL L. MURPHY, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires Mar 9, 2015

SIGNATURE OF PERSON SUBMITTING REPORT

D. BRUCE HANES
 PRINTED NAME

215 AREA CODE 813-1400 DAYTIME TELEPHONE NUMBER

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