

## 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 <b>D. BRUCE HANES</b>								
STREET ADDRESS <b>313 MARVIN RD</b>								
CITY <b>GLICKING PARK PA</b>			STATE <b>PA</b>		ZIP CODE <b>19027</b>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <b>REGISTER OF WILLS</b>			DISTRICT NO.		PARTY <b>DEM.</b>	
6TH TUESDAY PRE-PRIMARY		DATE OF REPORTING PERIOD		DATE OF ELECTION		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY		MO. DAY YEAR		MO. DAY YEAR		MO. DAY YEAR		
30 DAY POST-PRIMARY		10 23 12		11 26 12		11 6 2012		
6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD:		\$		00.00		
2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		—		
30 DAY POST-ELECTION		AMENDMENT REPORT?		YES	NO	X		
ANNUAL REPORT		TERMINATION REPORT?		YES	NO	X		

## AFFIDAVIT SECTION

## PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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  
29<sup>th</sup> DAY OF November 2012

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
DONNA L. MURPHY, Notary Public  
Jenkintown Boro., Montgomery County  
My Commission Expires May 9, 2015

SIGNATURE OF PERSON SUBMITTING REPORT  
*D. Bruce Hanes*  
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 OF CANDIDATE  
\_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
AREA CODE  
\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER  
\_\_\_\_\_  
MY COMMISSION EXPIRES  
MO. DAY YR.