

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>																					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST D. BRUCE HANES																										
STREET ADDRESS 313 MARVIN RD																										
CITY ELKING PARK		STATE PA	ZIP CODE 19027-																							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY County Register of Wills/Clerk of Orphan Court		DISTRICT NO.	PARTY	DATE OF ELECTION																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>6</td> <td>11</td> <td>2013</td> </tr> </table> DATES OF REPORTING PERIOD TO <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>10</td> <td>21</td> <td>2013</td> </tr> </table>		MO.	DAY	YEAR	6	11	2013	MO.	DAY	YEAR	10	21	2013			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>5</td> <td>2013</td> </tr> </table>	MO.	DAY	YEAR	11	5	2013			
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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
23rd DAY OF **October** 20**13**

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

D. BRUCE HANES
 PRINTED NAME

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

MY COMMISSION EXPIRES **11-30-2014**

NOTARIAL SEAL
 KATHLEEN M. ACOSTA, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires November 18, 2016

PART II -
 If statement is filed on behalf of a Political Committee or Candidates' 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.