COMMONWEALTH OF PENNSYLVANIA

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.

FILER IDENTIFICATION NUMBER ▶		REPORT FILED ON BEHALF OF ▶	CANDIDATE	✗	COMMITTEE	2.	LOBBYIST	3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

Russell J. Bono

STREET ADDRESS

3248 Hughes Road.

CITY East Norriton	STATE PA	ZIP CODE 19403 —

TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION		
	Sheriff of Montgomery Co.	43	R	MO.	DAY	YEAR
				11	3	15

6TH TUESDAY PRE-PRIMARY	1. ✗			FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD: MO. 1 DAY 1 YEAR 15 TO MO. 5 DAY 4 YEAR 15		
30 DAY POST-PRIMARY	3.			
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: $ 0		
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0		
30 DAY POST-ELECTION	6.			
ANNUAL REPORT	7.	AMENDMENT REPORT? YES ___ NO ✗		
		TERMINATION REPORT? YES ___ NO ✗		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a <u>Political Committee *or* Candidates's Committee</u>, the Treasurer must sign here.
If statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here.
If statement is filed on behalf of a <u>Contributing Lobbyist</u>, 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 ___ DAY OF ___ 20 15

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
WHITNEY BOBM DAVIS
Notary Public
NORRISTOWN BORO., MONTGOMERY CNTY
My Commission Expires Sep 26, 2018

MY COMMISSION EXPIRES ___ MO. ___ DAY ___ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME: Russell J. Bono

AREA CODE 610 DAYTIME TELEPHONE NUMBER 637-3490

PART II -

If statement is filed on behalf of a <u>Candidate's Authorized Committee</u>, 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

Department of State ● Bureau of Commissions, Elections and Legislation
210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

DSEB-503 (12-99)