

COMMONWEALTH OF PENNSYLVANIA
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 D. BRUCE HANES									
STREET ADDRESS 313 MARVIN RD									
CITY ELKINS PARK			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 & WILLS			Dem		MO.	DAY	
2ND FRIDAY PRE-PRIMARY							11	8	
30 DAY POST-PRIMARY							YEAR 2016		
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD		MO.		DAY		YEAR	
		4 12 16		TO		5 17 16			
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		—			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		—			
		AMENDMENT REPORT?		YES		NO		<input checked="" type="checkbox"/>	
		TERMINATION REPORT?		YES		NO		<input checked="" type="checkbox"/>	
								FOR OFFICE USE ONLY	
								2016 MAY 20 PM 1:29	

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 19 DAY OF May

[Signature] SIGNATURE OF PERSON SUBMITTING REPORT

D. BRUCE HANES PRINTED NAME

MY COMMISSION EXPIRES 3 MO. 16 DAY 2016 YR.

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Diana Dillio, Notary Public
 Norristown Boro, Montgomery County
 My Commission Expires March 16, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

813-1400 AREA CODE 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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER