

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 LUCINS PARK		STATE PA	ZIP CODE 19027		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY REGISTER OF WILLS / CLERK		DISTRICT NO.	PARTY DEM	
	DATE OF ELECTION		FOR OFFICE USE ONLY		
	6TH TUESDAY PRE-PRIMARY	1.	MO.	DAY	YEAR
	2ND FRIDAY PRE-PRIMARY	2.	11	8	2017
	30 DAY POST-PRIMARY	3.	DATES OF REPORTING PERIOD		
	6TH TUESDAY PRE-ELECTION	4.	MO.	DAY	YEAR
	2ND FRIDAY PRE-ELECTION	5.	10	24	2017
30 DAY POST-ELECTION	6.	TO	MO.	DAY	YEAR
ANNUAL REPORT	7.	12	31	2017	
CASH BALANCE AT END OF REPORTING PERIOD: \$		0			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0			
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES	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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

PART II -

NOTARIAL SEAL

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

PAMELA S. ELWELL, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires December 2, 2018

I SWEAR (OR AFFIRM) THAT 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