

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.

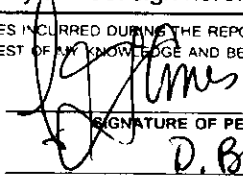
FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>D. BRUCE HANES</b>						
STREET ADDRESS <b>313 MARVIN RD.</b>						
CITY <b>ECKING PARK</b>		STATE <b>PA</b>	ZIP CODE <b>19027</b>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	<b>REGISTERED &amp; WILLS / Clerk of</b>			<b>DEM</b>	MO.	DAY YEAR
6TH TUESDAY PRE-PRIMARY					<b>11</b>	<b>7 2017</b>
2ND FRIDAY PRE-PRIMARY						
30 DAY POST-PRIMARY						
6TH TUESDAY PRE-ELECTION						
2ND FRIDAY PRE-ELECTION						
30 DAY POST-ELECTION						
ANNUAL REPORT						
		DATES OF REPORTING PERIOD				
		MO.	DAY	YEAR	MO.	DAY YEAR
		<b>6</b>	<b>6</b>	<b>2017</b>	<b>10</b>	<b>23 2017</b>
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ <b>0</b>		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <b>0</b>		
		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.

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL <b>SEENA GORCROV, Notary Public</b> Jenkintown Borough, Montgomery County My Commission Expires October 16, 2020 Signature: _____ MO. DAY YR. <b>10/16/2020</b>		SIGNATURE OF PERSON SUBMITTING REPORT  <b>D. BRUCE HANES</b> PRINTED NAME AREA CODE <b>215</b> DAYTIME TELEPHONE NUMBER <b>813-1400</b>	
--	--	---	--

**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

MY COMMISSION EXPIRES MO. DAY YR. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
PRINTED NAME

AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_