

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 ROAD							
CITY ELKINS PARK				STATE PA	ZIP CODE 19027 -		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY REGISTER OF WILLS		DISTRICT NO.	PARTY DEM	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY						MO. 5	DAY 18
2ND FRIDAY PRE-PRIMARY						YEAR 2010	
30 DAY POST-PRIMARY		<input checked="" type="checkbox"/>					
6TH TUESDAY PRE-ELECTION							
2ND FRIDAY PRE-ELECTION							
30 DAY POST-ELECTION							
ANNUAL REPORT							
		DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY	
		MO. DAY YEAR 5 3 10 TO 6 7 10				RECEIVED 2010 JUN 17 P 1:41 OFFICE OF VOTER SERVICES MONTG. CO PA	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 00.00					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 00.00					
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
		TERMINATION REPORT? YES <input type="checkbox"/> 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
 16th DAY OF June 2010

 Signature of Person Submitting Report
D. BRUCE HANES
 PRINTED NAME
 215 813-1400
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II COMMONWEALTH OF PENNSYLVANIA

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

NOTARIAL SEAL
 DONNA L. MURPHY, Notary Public
 Jefferson Boro, Montgomery County
 My Commission Expires May 2, 2011

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 OF CANDIDATE

 PRINTED NAME

 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____
 _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER