

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 Road</b>																		
CITY <b>Elkins Park</b>		STATE <b>PA</b>	ZIP CODE <b>19027</b>															
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>Register of Wills</b>		DISTRICT NO.	PARTY <b>Dem.</b>	DATE OF ELECTION													
	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>Jun.</td><td>7</td><td>2010</td></tr> </table> to <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>Oct.</td><td>18</td><td>2010</td></tr> </table>		MO.	DAY	YEAR	Jun.	7	2010	MO.	DAY	YEAR	Oct.	18	2010			MO. <b>Nov.</b>	DAY <b>2</b>
MO.	DAY	YEAR																
Jun.	7	2010																
MO.	DAY	YEAR																
Oct.	18	2010																
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>					FOR OFFICE USE ONLY													
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>					RECEIVED													
30 DAY POST-PRIMARY <input type="checkbox"/>					2010 OCT 20 P 2:51													
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0.00</u>				OFFICE OF THE VOTER SERVICES MONTGOMERY COUNTY													
2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0.00</u>																	
30 DAY POST-ELECTION <input type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																	
ANNUAL REPORT <input 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 20th DAY OF October, 2010

*Kelly Clark*  
 Kelly Clark, Notary Public  
 Newtown Boro., Montgomery County  
 My Commission Expires January 5, 2014

*D. Bruce Hanes*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**D. BRUCE HANES**  
 PRINTED NAME

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

**215** AREA CODE **813-1400** 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

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

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

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

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