

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed by:	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
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D. BRUCE HANES

Street Address: **313 MARVIN ROAD**

City: **ELKINS PARK**

State: **PA**

Zip Code: **19027**

TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30-DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30-DAY POST ELECTION	6. <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR	FILING METHOD (<input checked="" type="checkbox"/>) CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate:
MONTGOMERY COUNTY REGISTER OF WILLS/CLERK OF ORPHANS' COURT

DATE OF ELECTION		
MO.	DAY	YEAR
11	2	2010

District Number	Office Code	Party Code	County Code
		DEM	46

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:

MO.	DAY	YEAR	To	MO.	DAY	YEAR
10	18	2010		11	23	2010

A. Amount Brought Forward From Last Report	\$	00.00
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	00.00
C. Total Funds Available (Sum of Lines A and B)	\$	00.00
D. Total Expenditures (From Schedule III)	\$	00.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$	00.00
F. Value of In-Kind Contributions Received (From Schedule II)	\$	00.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	00.00

FOR OFFICE USE ONLY

RECEIVED
 2010 NOV 31 A 9:03
 OFFICE OF VOTER SERVICES
 MONTG. CO. PA.

HM

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are 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 _____

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 OFFICE OF VOTER SERVICES
 MONTG. CO. PA.

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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, 1997 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

30th day of _____ 20__

Signature

My commission expires 05 09 2011 MO. _____ DAY _____ YR.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 DONNA L. MURPHY, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires May 9, 2011

Signature of Candidate _____

Printed Name **D. BRUCE HANES**

Area Code **215** Daytime Telephone Number **813-1400**

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Name of Filing Committee or Candidate D. BRUCE HANES	Reporting Period From 10-18-2010 To 11-22-2010
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 00.00
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PART A Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <h1 style="margin: 0;">D. BRUCE HANES</h1>	Reporting Period From 10-18-2010 To 11-22-2010
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

PAGE TOTAL
\$ **00.00**

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B
All Other Contributions

\$50.01 TO \$250.00

4 of 12

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate D. BRUCE HANES	Reporting Period From 10-18-2010 To 11-22-2010
--	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 00.00

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from political committees
with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate D. BRUCE HANES	Reporting Period From 10-18-2010 To 11-22-2010
--	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 00.00

PART D
All Other Contributions

OVER \$250.00

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Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate D. BRUCE HANES	Reporting Period From 10.18.2010 To 11.2.2010
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 00.00

**PART E
OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and
Prior expenditures that were returned to the filer.

Name of filing committee or Candidate D. BRUCE HANES	Reporting Period From 10-18-2010 to 11-22-2010
--	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page Section 4.

PAGE TOTAL \$ 00.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of filing committee or Candidate D. BRUCE HANES	Reporting Period From 10.18.2010 to 11.22.2010
--	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$

3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, And 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 00.00
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SCHEDULE II
PART F

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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$ 250.00

Name of filing committee or Candidate D. BRUCE HANES	Reporting Period From 10-18-2010 To 11-22-2010
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				DATE	AMOUNT		
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ **00.00**

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$ 250.00**

Name of filing committee or Candidate D. BRUCE HANES	Reporting Period From 10-18-2010 To 11-22-2010
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 00.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate D. BRUCE HANE\$	Reporting Period From 10-18-2010 To 11-22-2010
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To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Contribution			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Contribution			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Contribution			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Contribution			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Contribution			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Contribution			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Contribution			
City	State	Zip Code (Plus 4)				
		-				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 00.00

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
Which are outstanding at the end of the reporting period.

Name of filing committee or Candidate D. BRUCE HANES	Reporting Period From 10.18.2010 To 11.22.2010
--	---

Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							
Name of Creditor				Outstanding Balance of Debt			
Mailing Address				MO.	DAY	YEAR	\$
City				State	Zip Code (Plus 4)		
Description of Debt							

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ **00.00**