

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 Pennsylvania		ZIP CODE 1919027					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION			
	Montgomery County Register of Wills and Clerk of Orphans' Court				Democratic		MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY	1	DATES OF REPORTING PERIOD			MO.	DAY	YEAR	FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2	11	28	2011	TO	12	31	2011	2012 JAN 30 P 2:28 RECEIVED	
30 DAY POST-PRIMARY	3	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								
6TH TUESDAY PRE-ELECTION	4	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
2ND FRIDAY PRE-ELECTION	5	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
30 DAY POST-ELECTION	6									
ANNUAL REPORT	7	<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
 30th DAY OF January 2012

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
 D. Bruce Hanes
 PRINTED NAME

215 813-1400
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 DONNA L. MURPHY, Notary Public
 Jenkintown Boro., Montgomery County
 My Commission Expires May 9, 2015

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 OF CANDIDATE

 PRINTED NAME

 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE _____ DAYTIME TELEPHONE NUMBER

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280