

CAMPAIGN FINANCE STATEMENT

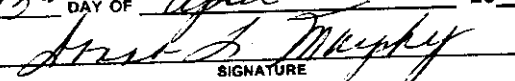
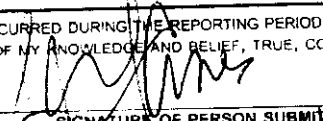
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

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 RD.																						
CITY ELKINS PARK,		STATE PA	ZIP CODE 19027 -																			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY REGISTER OF WILLS - Clerk of ORPHANS COURT	DISTRICT NO.	PARTY DEM	DATE OF ELECTION																		
				MO.	DAY	YEAR																
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td colspan="3"></td> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td></td><td>15</td><td>2012</td> <td>to</td> <td>4</td><td>9 2012</td> </tr> </table>	DATES OF REPORTING PERIOD						MO.	DAY	YEAR	MO.	DAY	YEAR		15	2012	to	4	9 2012	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> CASH BALANCE AT END OF REPORTING PERIOD: \$ _____ </div> <div style="border: 1px solid black; padding: 5px;"> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____ </div>		
DATES OF REPORTING PERIOD																						
MO.		DAY	YEAR	MO.	DAY	YEAR																
		15	2012	to	4	9 2012																
<input checked="" type="checkbox"/> 2ND FRIDAY PRE-PRIMARY																						
<input type="checkbox"/> 30 DAY POST-PRIMARY																						
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION																						
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION																						
<input type="checkbox"/> 30 DAY POST-ELECTION																						
<input type="checkbox"/> ANNUAL REPORT																						
				FOR OFFICE USE ONLY																		
				2012 APR 13 P 3:16 RECEIVED																		

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.

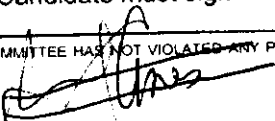
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>13th</u> DAY OF <u>April</u> <u>2012</u>  SIGNATURE	 SIGNATURE OF PERSON SUBMITTING REPORT <u>D. BRUCE HANES</u> PRINTED NAME <u>215 813 1400</u> AREA CODE DAYTIME TELEPHONE NUMBER
MY COMMISSION EXPIRES COMMONWEALTH OF PENNSYLVANIA YR.	

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 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	 SIGNATURE OF CANDIDATE <u>D. BRUCE HANES</u> PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER
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