

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, PA			STATE PA		ZIP CODE 19027			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY		MONTGOMERY COUNTY REGISTRAR			D		MO.	DAY
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY		clerk of orphans court					11	6
<input type="checkbox"/> 30 DAY POST-PRIMARY							2012	
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION								
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION								
<input type="checkbox"/> 30 DAY POST-ELECTION								
<input checked="" type="checkbox"/> ANNUAL REPORT								
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
				11	27	12	RECEIVED 2013 JAN 25 P 2:54 OFFICE OF NOTARY PUBLICS MONTG CO PA	
		TO		12	31	12		
		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	NO	<input checked="" type="checkbox"/>			
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>			

AFFIDAVIT SECTION

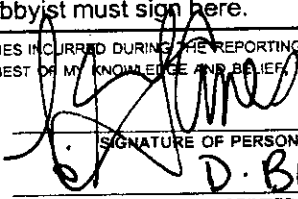
PART I -

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
25th DAY OF January 2013

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

SIGNATURE OF PERSON SUBMITTING REPORT

D. BRUCE HANES
 PRINTED NAME

215 813-1400
 AREA CODE 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