

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 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		DISTRICT NO.	PARTY	
	MONTGOMERY COUNTY Register of Wills / Clerk of DEPTWAS COUNTY			Dem	
DATE OF ELECTION		FOR OFFICE USE ONLY			
MO. DAY YEAR		OFFICE OF VOTER SERVICES MONTG. CO. PA 2013 DEC -6 PM 12:36 RECEIVED			
1. 6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD		CASH BALANCE AT END OF REPORTING PERIOD: \$ _____		
2. 2ND FRIDAY PRE-PRIMARY	MO. DAY YEAR TO MO. DAY YEAR 10 22 13 TO 11 25 13		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____		
3. 30 DAY POST-PRIMARY			AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
4. 6TH TUESDAY PRE-ELECTION			TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
5. 2ND FRIDAY PRE-ELECTION					
6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/>					
7. ANNUAL REPORT					

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
 6th DAY OF December 2013

 SIGNATURE

MY COMMISSION EXPIRES _____
 COMMONWEALTH OF PENNSYLVANIA

 SIGNATURE OF PERSON SUBMITTING REPORT
 D. BRUCE HANES
 PRINTED NAME
 215 813-1400
 AREA CODE DAYTIME TELEPHONE NUMBER

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 Political Committee, 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