

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 ² <input type="checkbox"/>	LOBBYIST ³ <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		DISTRICT NO.	PARTY
	MONTGOMERY COUNTY REGISTER OF WILLS / clerk of ORPHANS COURT.			DEM
6TH TUESDAY PRE-PRIMARY ¹	DATES OF REPORTING PERIOD		DATE OF ELECTION	
2ND FRIDAY PRE-PRIMARY ²	MO. DAY YEAR TO MO. DAY YEAR		MO.	DAY YEAR
30 DAY POST-PRIMARY ³				
6TH TUESDAY PRE-ELECTION ⁴			FOR OFFICE USE ONLY	
2ND FRIDAY PRE-ELECTION ⁵			RECEIVED 2014 JAN 17 PM 3:05 OFFICE OF VOTER SERVICES MONTG. CO. PA	
30 DAY POST-ELECTION ⁶				
ANNUAL REPORT ⁷ <input checked="" type="checkbox"/>				
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> </u>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u> </u>		TERMINATION REPORT? YES <input type="checkbox"/> 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 17 th DAY OF <u>January</u> 20 <u>14</u> Signature of <u>Stephane R. Courtney</u> MY COMMISSION EXPIRES <u>3</u> 12/17	SIGNATURE OF PERSON SUBMITTING REPORT <u>[Signature]</u> PRINTED NAME <u>D. BRUCE HANES</u> AREA CODE <u>215</u> DAYTIME TELEPHONE NUMBER <u>813 1400</u>
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NOTARIAL SEAL
STEPHANE R. COURTNEY, Notary Public
 Jorktown Boro, Montgomery County, PA
 My Commission Expires March 12, 2017

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 _____
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