

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 Russell J. Bone									
STREET ADDRESS 3248 Hayes Road.									
CITY EAST MONTON		STATE PA	ZIP CODE 19403						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION				
	6TH TUESDAY PRE-PRIMARY		Sheriff of Montgomery Co	43	R	MO.	DAY	YEAR	
	2ND FRIDAY PRE-PRIMARY					11	3	15	
	30 DAY POST-PRIMARY					FOR OFFICE USE ONLY			
	6TH TUESDAY PRE-ELECTION					MAY - 3 PM 2:49			
	2ND FRIDAY PRE-ELECTION								
	30 DAY POST-ELECTION								
	ANNUAL REPORT								
AMENDMENT REPORT?		YES							
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>					
DATES OF REPORTING PERIOD		CASH BALANCE AT END OF REPORTING PERIOD: \$		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$					
MO. DAY YEAR		MO. DAY YEAR							
1 1 15 TO		5 4 15							

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.

COMMONWEALTH OF PENNSYLVANIA

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF May 2015

NOTARIAL SEAL
 WHITNEY BOON DAVIS
 Notary Public
 NORRISTOWN, PA
 My Commission Expires 2-26-2018

SIGNATURE OF PERSON SUBMITTING REPORT
Russell J. Bone
 PRINTED NAME
Russell J. Bone

MY COMMISSION EXPIRES MO. DAY YR.
2 26 2018

AREA CODE 610 DAYTIME TELEPHONE NUMBER 637-3490

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 _____

SIGNATURE _____

MY COMMISSION EXPIRES MO. DAY YR. _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____