

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 <b>D. BRUCE HANES</b>											
STREET ADDRESS <b>313 MARVIN RD</b>											
CITY <b>ELKINS PARK</b>				STATE <b>PA</b>		ZIP CODE <b>19027</b>					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		<b>MONTGOMERY COUNTY REGISTER OF WILLS / CLERK OF ORPHANS COURT</b>					<b>D.</b>		MO. DAY YEAR <b>5 21 2019</b>		
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		MO. DAY YEAR						FOR OFFICE USE ONLY  <b>RECEIVED</b> <b>OFFICE OF VOTER SERVICES</b> <b>MONTG. CO. PA</b> <b>2019 MAY -9 PM 3:32</b>	
<input checked="" type="checkbox"/>		MO. DAY YEAR		MO. DAY YEAR							
30 DAY POST-PRIMARY		1 1 2019		5 6 2019							
6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$ _____  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____									
2ND FRIDAY PRE-ELECTION											
30 DAY POST-ELECTION		AMENDMENT REPORT?		YES		NO					
ANNUAL REPORT		TERMINATION REPORT?		YES		NO					

**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  
 9th DAY OF MAY 2019  
 SIGNATURE \_\_\_\_\_  
 MY COMMISSION EXPIRES MO. DAY YR. 10/16/2020

SIGNATURE OF PERSON SUBMITTING REPORT  
 D. BRUCE HANES  
 PRINTED NAME  
 215 AREA CODE 813-1400 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 \_\_\_\_\_