

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: 1.	COMMITTEE: <input checked="" type="checkbox"/>	LOBBYIST: 3.			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST COMMITTEE TO ELECT BRUCE KNICK								
STREET ADDRESS 2 SUNSET LANE								
CITY DUPONT		STATE PA	ZIP CODE 18641					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
	PITTSION AREA SCHOOL DIRECTOR		3rd	DEM	MO.	DAY	YEAR	
	6TH TUESDAY PRE-PRIMARY	1.			11	02	2010	
	2ND FRIDAY PRE-PRIMARY	2.			FOR OFFICE USE ONLY			
	30 DAY POST-PRIMARY	3.						
	6TH TUESDAY PRE-ELECTION	4.						
	2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7.							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		01	01	11		03	02	11
CASH BALANCE AT END OF REPORTING PERIOD:				\$	0			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$	0			
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES	<input checked="" type="checkbox"/>	NO				

RECEIVED
 2011 MAR -2 PM 2:17
 BOARD OF ELECTIONS
 LUZERNE COUNTY, PA

AFFIDAVIT SECTION

COMMONWEALTH OF PENNSYLVANIA

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.

(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

18 DAY OF FEBRUARY 2011

Harold Wesley SIGNATURE

HAROLD WESLEY PRINTED NAME

4 / 23 / 13 MY COMMISSION EXPIRES MO. DAY YR.

570 AREA CODE

655-5441 DAYTIME TELEPHONE NUMBER

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

2nd DAY OF MARCH 2011

Bruce Knick SIGNATURE

BRUCE KNICK PRINTED NAME

570 AREA CODE

430-7577 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 HAROLD E WESLEY
 Notary Public
 DUPOINT BOROUGH, LUZERNE COUNTY
 My Commission Expires Nov 22, 2011
 Department of State