

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 type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
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) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE PITTSSTON AREA SCHOOL DIRECTOR		DISTRICT NO. 3rd	PARTY DEM	DATE OF ELECTION MO. DAY YEAR 11 02 2010
	DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY RECEIVED 11 JAN 24 PM 12:34 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
	MO. DAY YEAR	MO. DAY YEAR			
	11 23 10	12 31 10			
	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 40.59		
	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	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PA - 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 (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
3rd DAY OF **JANUARY** 20**11**

Harold Wesley
 SIGNATURE OF PERSON SUBMITTING REPORT
HAROLD WESLEY
 PRINTED NAME
570 655-5441
 AREA CODE DAYTIME TELEPHONE NUMBER

Casey Egan
 SIGNATURE
 MY COMMISSION EXPIRES **4/23/2013**
 MO. DAY YR.

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
3rd DAY OF **JANUARY** 20**11**

Harold Wesley
 SIGNATURE
 MY COMMISSION EXPIRES _____ DAY YR.

Bruce Knick
 SIGNATURE OF CANDIDATE
BRUCE KNICK
 PRINTED NAME
570 430-7577
 AREA CODE DAYTIME TELEPHONE NUMBER

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