

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 <i>Kevin R. Steele</i>																		
STREET ADDRESS <i>426 Witley Road</i>																		
CITY <i>Wynnewood</i>			STATE <i>PA</i>	ZIP CODE <i>19096 - 2425</i>														
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 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Montgomery County District Attorney</i>		DISTRICT NO.	PARTY <i>Democrat</i>	DATE OF ELECTION													
	<table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>2017</td></tr> </table> TO <table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>2017</td></tr> </table>		MO.	DAY	YEAR	1	1	2017	MO.	DAY	YEAR	12	31	2017			FOR OFFICE USE ONLY	
	MO.	DAY	YEAR															
	1	1	2017															
	MO.	DAY	YEAR															
	12	31	2017															
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> -0- </u>																	
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u> -0- </u>																	
<table border="1" style="width:100%; text-align:center;"> <tr><td>AMENDMENT REPORT?</td><td>YES</td><td>NO</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>TERMINATION REPORT?</td><td>YES</td><td>NO</td><td><input checked="" type="checkbox"/></td></tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>									
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>															
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>															

AFFIDAVIT SECTION

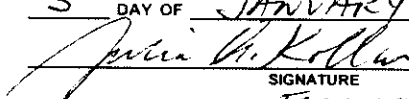
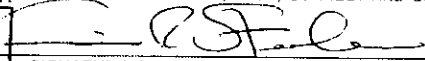
PART I -

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 ON MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>5</u> DAY OF <u>JANUARY</u>  SIGNATURE MY COMMISSION EXPIRES <u>FEBRUARY 27, 2021</u> MO. DAY YR.	NOTARIAL SEAL Julia A. Kollar, Notary Public Norristown, Montgomery County My commission expires February 27, 2021	SIGNATURE OF PERSON SUBMITTING REPORT  PRINTED NAME <u>Kevin R. Steele</u> AREA CODE <u>610</u> DAYTIME TELEPHONE NUMBER <u>431-1173</u>
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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 _____ <u>20</u> _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____
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