## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



## FORM X-17A-5 PART III

OMB APPROVAL
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2006

## **FACING PAGE**

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEG	MM/DD/YY	MM/DD/YY
	A. REGISTRANT IDENTIFICATION	
NAME OF BROKER-DEALER: H	arvest Financial Corporation	OFFICIAL USE ONLY
ADDRESS OF PRINCIPAL PLAC	FIRM I.D. NO.	
2 Gateway Center, 17th	Floor West	
	(No. and Street)	
Pittsburgh, PA 15222		
(City)	(State)	(Zip Code)
NAME AND TELEPHONE NUM. Mr. Frank D. Ruscetti	BER OF PERSON TO CONTACT IN REGARD TO TH	IIS REPORT 412–391–1466
-		(Area Code – Telephone Number)
	B. ACCOUNTANT IDENTIFICATION	PROCECOE
INDEPENDENT PUBLIC ACCOUNTING TO THE PUBLIC ACCOUNTING THE PUBLIC ACCOUNTING TO THE PUBLIC ACCOUNTING TO THE PUBLIC ACCOU	UNTANT whose opinion is contained in this Report*	MAY 0 3 2007
	(Name - if individual, state last, first, middle name)	THOMSON
1195 Washington Pike,	Suite 350, Bridgeville, PA 15017	FINANCIAL
(Address)	(City) (	State) (Zip Code)
CHECK ONE:		RECEIVED
Certified Public Ac-	countant	2007
Public Accountant		APR 0 4 2007
☐ Accountant not resi	dent in United States or any of its possessions.	100
	FOR OFFICIAL USE ONLY	(E. 7)

\*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## OATH OR AFFIRMATION

I, Frank D. Ruscetti			, swear (or affirm) that, to the best of		
my	kno	wledge and belief the accompanying financial sta	tement and supporting schedules pertaining to the firm of		
•		rvest Financial Corporation	, as		
of			20 06 are true and correct. I further swear (or affirm) that		
			al officer or director has any proprietary interest in any account		
		• • • • • • • • • • • • • • • • • • • •			
cla	SSITIE	ed solely as that of a customer, except as follows:			
			2		
			frank Justilli		
			Signature		
			TRESIDENT		
			Title		
	D	1 0000-	001111011111111111111111111111111111111		
	<u>()                                    </u>	Notary Public	COMMONWEALTH OF PENNSYLVANIA		
		Notary Public	Notarial Seal Bonnie L. McGuire, Notary Public		
TL		**	City Of Pittsburgh, Allegheny County		
<u> </u>		port ** contains (check all applicable boxes): Facing Page.	My Commission Expires Nov. 9, 2010		
		Statement of Financial Condition.	Member, Pennsylvania Association of Notaries		
		Statement of Income (Loss).			
$\square$		Statement of Changes in Financial Condition.			
(a) Statement of Changes in Financial Condition.  (b) Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital.		r Partners' or Sole Proprietors' Canital.			
$\overline{\Box}$	(f) Statement of Changes in Liabilities Subordinated to Claims of Creditors.				
(b) Computation for Determination of Reserve Requirements Pursuant to Rule 15c3-3.  (i) Information Relating to the Possession or Control Requirements Under Rule 15c3-3.			pirements Pursuant to Rule 15c3-3.		
(j) A Reconciliation, including appropriate explanation of the Computation of Net Capital Un					
	٠,	Computation for Determination of the Reserve F			
	(k)	A Reconciliation between the audited and unaudited Statements of Financial Condition with respect to methods of			
, ,		consolidation.			
$\mathbf{x}$	(1)	An Oath or Affirmation.			
	(m)	A copy of the SIPC Supplemental Report.			
(n) A report describing any material inadequacies found to exist or found to have existed since the date of the pr			nd to exist or found to have existed since the date of the previous audit.		

\*\*For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

 ${\it END}$