

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	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Republicans for Good Government PAC</i>						
STREET ADDRESS <i>PO Box 2868</i>						
CITY <i>Wilkes-Barre</i>	STATE <i>PA</i>	ZIP CODE <i>18703 -</i>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY				<i>05</i>	<i>15</i>	<i>2007</i>
2ND FRIDAY PRE-PRIMARY						
30 DAY POST-PRIMARY <input checked="" type="checkbox"/>						
6TH TUESDAY PRE-ELECTION						
2ND FRIDAY PRE-ELECTION						
30 DAY POST-ELECTION						
ANNUAL REPORT						
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		
		<i>05 01 07</i>		<i>06 04 07</i>		
CASH BALANCE AT END OF REPORTING PERIOD:		\$		<i>151.20</i>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		<i>0</i>		
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
FOR OFFICE USE ONLY						
RECEIVED 2007 JUN 14 PM 12:43 BOARD OF ELECTIONS LUZERNE COUNTY, PA.						

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
14 DAY OF *JUNE* 20*07*

Cornelius Allen
 SIGNATURE OF PERSON SUBMITTING REPORT

Cornelius Allen
 PRINTED NAME

570 AREA CODE *696-5606* DAYTIME TELEPHONE NUMBER

FRANK J. PIZZELLA, JR., Notary Public
 My Commission Expires August 10, 2008

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 OF CANDIDATE

 PRINTED NAME

 SIGNATURE

 AREA CODE _____ DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.