

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	2. <input checked="" type="checkbox"/>	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Republicans for Good Government PAC</i>								
STREET ADDRESS <i>c/o Cornelius J. Allen          28 Somersields Drive</i>								
CITY <i>Wyoming</i>			STATE <i>PA</i>	ZIP CODE <i>18644</i>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1. 2ND FRIDAY PRE-PRIMARY 2. 30 DAY POST-PRIMARY 3. 6TH TUESDAY PRE-ELECTION 4. 2ND FRIDAY PRE-ELECTION 5. 30 DAY POST-ELECTION 6. ANNUAL REPORT 7. <input checked="" type="checkbox"/>							MO. DAY YEAR MO. DAY YEAR	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <i>1 1 2008 TO 12 31 2008</i>		FOR OFFICE USE ONLY				
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>316.68</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>—</u>		RECEIVED 2009 JAN 27 PM 3:16 BOARD OF ELECTIONS LUZERNE COUNTY, PA.				
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> 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 THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
27 DAY OF JANUARY 2009

*Cornelius J. Allen*  
 SIGNATURE OF PERSON SUBMITTING REPORT

*Cornelius J. Allen*  
 PRINTED NAME

570 AREA CODE 696-5600 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL  
 WYOMING, LUZERNE COUNTY, PA  
 My Commission Expires July 25, 2009

**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

\_\_\_\_\_  
 PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_