

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 checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST BRIAN GILGALLAN						
STREET ADDRESS 147 PINE ST						
CITY ARCHBOLD		STATE PA	ZIP CODE 18403-			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		
	BOROUGH COUNCIL					
	DATE OF ELECTION					
			NO.	DAY	YEAR	
			11	6	07	
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
			NO.	DAY	YEAR	
		10	22	07		
		TO	NO.	DAY	YEAR	
			11	26	07	
6TH TUESDAY PRE-PRIMARY		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0				
2ND FRIDAY PRE-PRIMARY		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				
30 DAY POST-PRIMARY		AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>				
6TH TUESDAY PRE-ELECTION		TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>				
2ND FRIDAY PRE-ELECTION		2007 DEC - 7 A 11: 37 LACKAWANNA COUNTY BUREAU OF ELECTIONS				
30 DAY POST-ELECTION						
ANNUAL REPORT						

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 3 DAY OF March 2007

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 COLLEEN SMITH, Notary Public
 Archbold Borough, Lackawanna County
 My Commission Expires Mar 10, 2009

SIGNATURE OF PERSON SUBMITTING REPORT
 BRIAN GILGALLAN
 PRINTED NAME

570 AREA CODE
 876 4246 DAYTIME TELEPHONE NUMBER

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

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER