STATEMENT OF

FORM 1	ORGANIZ (See instructi			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, ty over the lines	^{/pe} 12FE4M5	
PPL People Fo	or Good Government			
				
ADDRESS (number and s	street) Two North Ninth St	reet 		
(Check if address	GENTW2			
is changed)	Allentown		PA	18101 -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
ie onangea)				
2. DATE 0 3	30 2009			
3. FEC IDENTIFICA	TION NUMBER	C C00228106		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED	(A)	
I certify that I have examin	ned this Statement and to the best of my kr	owledge and belief it is true, c	orrect and complete	
Type or Print Name of	Treasurer Russell R. Clell	and		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Signature of Treasurer	Electronically Filed by Russell I	R. Clelland	Date 03	30 2009
NOTE: Submission of fal	se, erroneous, or incomplete information m		•	-
Office Use Only		For further information (Federal Election (Toll Free 800-424	Commission 4-9530	FEC FORM 1 (Revised 02/2009)

	F	FEC F	Form 1 (Revised 02/2009)	Page 2
5.			DMMITTEE (Check One) Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	ion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
			X Corporation Corporation w/o Capital Stock La	bor Organization
			Membership Organization Trade Association Co	poperative
			X In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number C	
			2. FEC ID number	
			3. FEC ID number	
			FEC ID number C	

Write or Type Committee Name PPL People For Good Government 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representation PPL Corporation	ntative, or Leade	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leade	
PPI Corporation	ntative, or Lead	
PPL Corporation		ership PAC Sponsor
	1 1 1 1 1	1 1 1 1 1 1 1 1
Mailing Address Two North Ninth Street		
Allentown Allentown	LPA L	18101 - [
CITY	STATE A	ZIP CODE
Relationship:		
X Connected Organization Affiliated Committee Joint Fundraising Rep	presentative	Leadership PAC Sponsor
Mailing Address Two North Ninth Street		
Allentown	<u>PA</u> _	18101
Title or Position ♥ CITY ▲	STATE	ZIP CODE A
Book Keeper Telephone nur	nber <u>610</u>	<u> </u>
8. Treasurer: List the name and address (phone number optional) of the treasure name and address of any designated agent (e.g., assistant treasurer).	er of the commi	ittee; and the
	er of the commi	ittee; and the
name and address of any designated agent (e.g., assistant treasurer). Full Name	er of the commi	ittee; and the
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Russell R. Clelland	er of the commi	ittee; and the 18101
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Russell R. Clelland Mailing Address Two North Ninth Street		

FEC Form 1 (Revis	sed 02/2009)			Pag	e 4
Full Name of Designated Agent	James S. Pennington				
Mailing Address	Two North Ninth Street				
	Allentown	PA		18101 –	
Title or Position ▼	CITY A	STATE #	۸.	ZIP CODE	A
Assista	ant Treasurer	Telephone number	510	774 – _	5771
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. errill Lynch	hich the committee deposits for	unds, hold	s accounts, ren	ts
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc.	hich the committee deposits for	unds, hold	s accounts, ren	ts
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. errill Lynch The RIJ Group	hich the committee deposits for	unds, hold	s accounts, ren	ts
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Image# 29933401831 Form/Schedule: F1A Adding new bank account at Mellon, check the box for Lobbyist/Registrant. Transaction ID: