

OK CB  
Posted 6/30/10

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|   |                 |  |   |  |                      |   |             |                          |              |   |             |
|---|-----------------|--|---|--|----------------------|---|-------------|--------------------------|--------------|---|-------------|
| Full Name of Committee<br><b>Citizens for County Commissioner Doug Corcoran Committee</b> |                 |  |   |  |                      | Registration Number, if PAC                 |             |                          |              |   |             |
| Full Name of Candidate<br><b>Doug Corcoran</b>  |                 |  |   |  |                      |   |             |                          |              |   |             |
| Street Address<br><b>271 Granite Cliff Drive</b>  |                 |  |   |  |                      | Office Sought<br><b>County Commissioner</b> |             |                          | District     |   |             |
| City<br><b>Chillicothe</b>  |                 |  |   |  |                      | State<br><b>O H</b>                         |             | Zip Code<br><b>45601</b> |              |   |             |
| Type of Report<br>(place X to the left of report type)                                    | Pre-Primary     |  | <input checked="" type="checkbox"/> X   |  | Post-Primary         |   | Pre-General |                          | Post-General |   | Annual Year |
|   | July<br>Monthly |  | August<br>Monthly   |  | September<br>Monthly |   | Termination |                          | Semiannual   |   |             |
| Amended Report?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |                 |  | Report Electronically filed?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                      | Date of Election                            |             |                          | M            | D | Y           |
|   |                 |  |   |  |                      | <b>0 5 0 4 1 0</b>                          |             |                          |              |   |             |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

|  |    |          |
|--|----|----------|
| 1. Amount brought forward from last report                         | \$ | 6,889.68 |
| 2. Total monetary contributions (From Form No. 31-A)               | \$ | 0.00     |
| 3. Total other income (From Form No. 31-A-2)                       | \$ | 0.00     |
| 4. Total funds available (sum of lines 1, 2, 3)                    | \$ | 6,889.68 |
| 5. Total monetary expenditures (From Form No. 31-B)                | \$ | 181.00   |
| 6. Balance on hand (line 4 minus line 5)                           | \$ | 6,708.68 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1)  | \$ | 0.00     |
| 8. Value of in-kind contributions made (From Form No. 31-J-2)      | \$ | 0.00     |
| 9. Outstanding loans owed by committee (From Form No. 31-C)        | \$ | 3,500.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N)       | \$ | 0.00     |
| 11. Outstanding loans owed to committee (From Form No. 31-K)       | \$ | 0.00     |
| 12. Value of independent expenditures made (From Form No. 31-U)    | \$ | 0.00     |
| 13. For Electronic Filing Entities only                            | \$ |          |
| Sum of lines 2, 7 and amount of any new loans received this period | \$ |          |

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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Teresa G Corcoran Deputy Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

Teresa G Corcoran  
Signature

6/14/10  
Date

Contribution  
pages 0

Expenditure  
pages 1

Other  
pages 2

Total  
pages 3

# Statement of Expenditures

Prescribed by Secretary of State 2/01

|   |  |                |                   |                            |   |   |                  |
|---|--|----------------|-------------------|----------------------------|---|---|------------------|
| Name of Committee in Full<br>Citizens for County Commissioner Doug Corcoran Committee |  |                |                   |                            |   |   |                  |
| To Whom Paid<br>Bishop Flaget School  |  |                |                   | M                          | D | Y | Amount<br>181.00 |
| Address<br>570 Parsons Ave.   |  |                |                   | Purpose<br>Charity auction |   |   |                  |
| City<br>Chillicothe   |  | State<br>O   H | Zip Code<br>45601 | Check Number<br>238        |   |   |                  |
| To Whom Paid  |  |                |                   | M                          | D | Y | Amount           |
| Address   |  |                |                   | Purpose                    |   |   |                  |
| City  |  | State          | Zip Code          | Check Number               |   |   |                  |
| To Whom Paid  |  |                |                   | M                          | D | Y | Amount           |
| Address   |  |                |                   | Purpose                    |   |   |                  |
| City  |  | State          | Zip Code          | Check Number               |   |   |                  |
| To Whom Paid  |  |                |                   | M                          | D | Y | Amount           |
| Address   |  |                |                   | Purpose                    |   |   |                  |
| City  |  | State          | Zip Code          | Check Number               |   |   |                  |
| To Whom Paid  |  |                |                   | M                          | D | Y | Amount           |
| Address   |  |                |                   | Purpose                    |   |   |                  |
| City  |  | State          | Zip Code          | Check Number               |   |   |                  |
| To Whom Paid  |  |                |                   | M                          | D | Y | Amount           |
| Address   |  |                |                   | Purpose                    |   |   |                  |
| City  |  | State          | Zip Code          | Check Number               |   |   |                  |
| To Whom Paid  |  |                |                   | M                          | D | Y | Amount           |
| Address   |  |                |                   | Purpose                    |   |   |                  |
| City  |  | State          | Zip Code          | Check Number               |   |   |                  |
| To Whom Paid  |  |                |                   | M                          | D | Y | Amount           |
| Address   |  |                |                   | Purpose                    |   |   |                  |
| City  |  | State          | Zip Code          | Check Number               |   |   |                  |

# Statement of Loans Received

Prescribed by Secretary of State 3/05

|   |  |                    |                          |   |   |                            |   |                                 |   |  |   |        |  |
|---|--|--------------------|--------------------------|---|---|----------------------------|---|---------------------------------|---|--|---|--------|--|
| Full Name of Committee<br><b>Citizens for County Commissioner Doug Corcoran Committee</b> |  |                    |                          |   |   |                            |   |                                 |   |  |   |        |  |
| From Whom Received<br><b>Doug Corcoran</b>  |  |                    |                          |   |   |                            |   | Prior Amount<br><b>3,500.00</b> |   | Amt. Incurred this Period<br><b>0.00</b> |   |        |  |
| Address<br><b>271 Granite Cliff Drive</b>   |  |                    |                          |   |   |                            |   |                                 |   | Outstanding Balance<br><b>3,500.00</b>   |   |        |  |
| City<br><b>Chillicothe</b>  |  | State<br><b>OH</b> | Zip Code<br><b>45601</b> |   |   | Loans Received This Period |   |                                 |   | Payments This Period                     |   |        |  |
|   |  |                    |                          |   |   | Date                       |   | Amount                          |   | Date                                     |   | Amount |  |
| Date Loan was originally Incurred   |  | M                  | D                        | Y | M | D                          | Y | \$                              | M | D  | Y | \$     |  |
| 1   |  | 0                  | 2                        | 6 | 0 | 6                          |   |                                 |   |  |   |        |  |
| Registration Number, if PAC   |  |                    |                          |   | M | D                          | Y |                                 | M | D  | Y |        |  |
| Employer/Occupation/Labor Organization*   |  |                    |                          |   | M | D                          | Y |                                 | 0 | D  | Y |        |  |

  

|   |  |       |          |   |   |                            |   |              |   |                           |   |        |  |
|---|--|-------|----------|---|---|----------------------------|---|--------------|---|---------------------------|---|--------|--|
| From Whom Received                      |  |       |          |   |   |                            |   |              |   |                           |   |        |  |
| Address                                 |  |       |          |   |   |                            |   | Prior Amount |   | Amt. Incurred this Period |   |        |  |
| Outstanding Balance                     |  |       |          |   |   |                            |   |              |   |                           |   |        |  |
| City                                    |  | State | Zip Code |   |   | Loans Received This Period |   |              |   | Payments This Period      |   |        |  |
|   |  |       |          |   |   | Date                       |   | Amount       |   | Date                      |   | Amount |  |
| Date Loan was originally Incurred       |  | M     | D        | Y | M | D                          | Y | \$           | M | D                         | Y | \$     |  |
|   |  |       |          |   |   |                            |   |              |   |                           |   |        |  |
| Registration Number, if PAC             |  |       |          |   | M | D                          | Y |              | M | D                         | Y |        |  |
| Employer/Occupation/Labor Organization* |  |       |          |   | M | D                          | Y |              | M | D                         | Y |        |  |

  

|   |  |       |          |   |   |                            |   |              |   |                           |   |        |  |
|---|--|-------|----------|---|---|----------------------------|---|--------------|---|---------------------------|---|--------|--|
| From Whom Received                      |  |       |          |   |   |                            |   |              |   |                           |   |        |  |
| Address                                 |  |       |          |   |   |                            |   | Prior Amount |   | Amt. Incurred this Period |   |        |  |
| Outstanding Balance                     |  |       |          |   |   |                            |   |              |   |                           |   |        |  |
| City                                    |  | State | Zip Code |   |   | Loans Received This Period |   |              |   | Payments This Period      |   |        |  |
|   |  |       |          |   |   | Date                       |   | Amount       |   | Date                      |   | Amount |  |
| Date Loan was originally Incurred       |  | M     | D        | Y | M | D                          | Y | \$           | M | D                         | Y | \$     |  |
|   |  |       |          |   |   |                            |   |              |   |                           |   |        |  |
| Registration Number, if PAC             |  |       |          |   | M | D                          | Y |              | M | D                         | Y |        |  |
| Employer/Occupation/Labor Organization* |  |       |          |   | M | D                          | Y |              | M | D                         | Y |        |  |

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 3,500.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 3,500.00 (To Form No. 30-A)