

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT JOHN P. CORCORAN						
Street Address: 20 SOUTH MAIN ST						
City: PLAIN			State: PA	Zip Code: 18705		
TYPE OF REPORT (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>	YEAR 2010	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: CORONER	DATE OF ELECTION			District Number	Office Code	Party Code	County Code
	MO.	DAY	YEAR				
	11	6	2007		40	DEM	OTH
(SEE INSTRUCTIONS FOR CODES)							

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	1	1	2009		12	31	2010
A. Amount Brought Forward From Last Report				\$	239.97		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	0		
C. Total Funds Available (Sum of Lines A and B)				\$	239.97		
D. Total Expenditures (From Schedule III)				\$	0		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	239.97		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	2,000.00		

FOR OFFICE USE ONLY

RECEIVED
 JAN 20 PM 3:36
 BOARD OF ELECTIONS
 LUZERNE COUNTY, PA.

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 20 day of February, 2011

COMMONWEALTH OF PENNSYLVANIA
 Notary Seal
 Mary R. Wallace, Notary Public
 City of Wilkes-Barre, Luzerne County
 My Commission Expires May 17, 2011

Member, Pennsylvania Association of Notaries

My commission expires MO. DAY YR.

Signature of Person Submitting Report: Mary Ann Lambert
 Printed Name: MARY ANN LAMBERT
 Area Code: 590 Daytime Telephone Number: 821-7197

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 _____, 19____

Signature of Candidate: _____
 Printed Name: _____

My commission expires MO. DAY YR. Area Code Daytime Telephone Number

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Committee to Elect John P. Corcoran	Reporting Period From 1-1-2000 To 12-31-2000
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Name of Creditor JOHN P. CORCORAN				Outstanding Balance of Debt \$ 500.00	
Mailing Address 20 S. MAIN ST	DATE DEBT INCURRED	MO. 2	DAY	YEAR 2007	
City PLAINS PA		State PA	Zip Code (Plus 4) 18705		
Description of Debt LOAN					

Name of Creditor JOHN P. CORCORAN				Outstanding Balance of Debt \$ 1,500.00	
Mailing Address 20 S. MAIN ST	DATE DEBT INCURRED	MO. 11	DAY	YEAR 2007	
City PLAINS		State PA	Zip Code (Plus 4) 18705		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$2,100.00
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