

# CAMPAIGN FINANCE REPORT

(NOTE: This report must be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed By:	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>					
Name of Filing Committee, Candidate or Lobbyist: <i>ASHLEY DEMOCRATIC COMMITTEE</i>									
Street Address: <i>10 N. MAIN ST.</i>									
City: <i>ASHLEY</i>		State: <i>PA.</i>	Zip Code: <i>18706 -</i>						
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	<input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	<input type="checkbox"/>	YEAR	<input checked="" type="checkbox"/>	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	DISKETTE	

Name of Office Sought by Candidate:	DATE OF ELECTION			District Number	Office Code	Party Code	County Code
	MO.	DAY	YEAR				
	<i>04 27 2004</i>						
(SEE INSTRUCTIONS FOR CODES)							

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY  BOARD OF ELECTIONS LUZERNE COUNTY, PA.  2004 MAR 16 PM 3:35  RECEIVED
			<i>01 01 2004</i>	To			<i>03 09 2004</i>	
	A. Amount Brought Forward From Last Report	\$					<i>114.02</i>	
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$					<i>.07</i>	
	C. Total Funds Available (Sum of Lines A and B)	\$					<i>114.09</i>	
	D. Total Expenditures (From Schedule III)	\$					<i>—</i>	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$					<i>114.09</i>	
	F. Value of In-Kind Contributions Received (From Schedule II)	\$					<i>—</i>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$					<i>—</i>		

### 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 *16<sup>th</sup>* day of *March* *2004*

<p>Signature: <i>[Signature]</i></p> <p>My commission expires _____</p> <p style="text-align: center;">Notarial Seal Robert J. Switzer, Notary Public West Pittston Borough, Luzerne County, PA. My Commission Expires May 22, 2007</p>	<p>Signature of Person Submitting Report: <i>[Signature]</i></p> <p>Printed Name: <i>ROBERT W. SHARMAKER</i></p> <p>Area Code: <i>570</i></p> <p>Daytime Telephone Number: <i>829-3022</i></p>
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**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\_\_\_\_

<p>Signature: _____</p> <p>My commission expires _____</p> <p style="text-align: center;">MO. DAY YR.</p>	<p>Signature of Person Submitting Report: _____</p> <p>Printed Name: _____</p> <p>Area Code: _____</p> <p>Daytime Telephone Number: _____</p>
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# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>ASHLEY DEMOCRATIC COMMITTEE</b>	Reporting Period From <u>1/1</u> To <u>3/8/04</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <u>.07</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <u>.07</u>
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PART A

# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee of Candidate <i>ASHLEY DEMOCRATIC COMMITTEE</i>	Reporting Period From <i>1/1</i> To <i>3/9/04</i>
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Full Name of Contributing Committee				CONTRIBUTING PAC I.D. NUMBER			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	

PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$

# PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>A-SHIFT DEMOCRATIC COMMITTEE</i>	Reporting Period From <i>1/1</i> To <i>3/8/04</i>
--	--

Full Name of Contributor						
Mailing Address						

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Full Name of Contributor						
Mailing Address						

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Full Name of Contributor						
Mailing Address						

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Full Name of Contributor						
Mailing Address						

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Full Name of Contributor						
Mailing Address						

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Full Name of Contributor						
Mailing Address						

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Full Name of Contributor						
Mailing Address						

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Full Name of Contributor						
Mailing Address						

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

PAGE TOTAL

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

\$

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES  
OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>ASHLEY DEMOCRATIC COMMITTEE</i>	Reporting Period From <i>1/1</i> To <i>3/8/04</i>
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Full Name of Contributing Committee				CONTRIBUTING PAC I.D. NUMBER			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount
		-					\$
Full Name of Contributing Committee				CONTRIBUTING PAC I.D. NUMBER			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount
		-					\$
Full Name of Contributing Committee				CONTRIBUTING PAC I.D. NUMBER			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount
		-					\$
Full Name of Contributing Committee				CONTRIBUTING PAC I.D. NUMBER			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount
		-					\$
Full Name of Contributing Committee				CONTRIBUTING PAC I.D. NUMBER			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount
		-					\$
Full Name of Contributing Committee				CONTRIBUTING PAC I.D. NUMBER			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount
		-					\$
Full Name of Contributing Committee				CONTRIBUTING PAC I.D. NUMBER			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount
		-					\$

PAGE TOTAL

\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D  
**ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>H. SHLEY DEMOCRATIC COMMITTEE</i>	Reporting Period From <u>1/1</u> To <u>3/8/04</u>
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Full Name of Contributor				Occupation			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Employer Name							
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				Occupation			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Employer Name							
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				Occupation			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Employer Name							
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				Occupation			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Employer Name							
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				Occupation			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Employer Name							
Employer Mailing Address/Principal Place of Business							

## PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <i>ASHCEJ DEMOCRATIC COMMITTEE</i>	Reporting Period From <i>1/1</i> To <i>3/8/04</i>
---	--

Full Name							Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount							
		-				\$							
Receipt Description													
Full Name													
Mailing Address													
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount							
		-				\$							
Receipt Description													
Full Name													
Mailing Address													
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount							
		-				\$							
Receipt Description													
Full Name													
Mailing Address													
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount							
		-				\$							
Receipt Description													
Full Name													
Mailing Address													
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount							
		-				\$							
Receipt Description													
Full Name													
Mailing Address													
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount							
		-				\$							
Receipt Description													

PAGE TOTAL

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

\$

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

## Detailed Summary Page

Name of Filing Committee or Candidate <i>ASHLEY BOROUGH DEMOCRATIC COMMITTEE</i>	Reporting Period From <i>1/1</i> To <i>3/8/04</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	▶	(1) \$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	▶	(2) \$

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	▶	(3) \$

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	▶	\$ ..
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SCHEDULE II  
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>ASHLEY BLOOMBERG DEMOCRATIC COMMITTEE</i>	Reporting Period From <i>1/1</i> To <i>3/8/04</i>
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Full Name of Contributor						CONTRIBUTING PAC I.D. NUMBER	
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value \$	
Description of Contribution:							

Full Name of Contributor						CONTRIBUTING PAC I.D. NUMBER	
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value \$	
Description of Contribution:							

Full Name of Contributor						CONTRIBUTING PAC I.D. NUMBER	
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value \$	
Description of Contribution:							

Full Name of Contributor						CONTRIBUTING PAC I.D. NUMBER	
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value \$	
Description of Contribution:							

Full Name of Contributor						CONTRIBUTING PAC I.D. NUMBER	
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value \$	
Description of Contribution:							

Full Name of Contributor						CONTRIBUTING PAC I.D. NUMBER	
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value \$	
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Asst. Col. DeLoach Democratic Committee</i>	Reporting Period From <i>1/1</i> To <i>3/10/04</i>
---	---

Full Name of Contributor				<b>CONTRIBUTING PAC I.D. NUMBER</b>			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value	
		-				\$	
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Full Name of Contributor				<b>CONTRIBUTING PAC I.D. NUMBER</b>			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value	
		-				\$	
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Full Name of Contributor				<b>CONTRIBUTING PAC I.D. NUMBER</b>			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value	
		-				\$	
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Full Name of Contributor				<b>CONTRIBUTING PAC I.D. NUMBER</b>			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value	
		-				\$	
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Full Name of Contributor				<b>CONTRIBUTING PAC I.D. NUMBER</b>			
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Value	
		-				\$	
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>HELEN BROWN DEMOCRATIC COMMITTEE</i>	Reporting Period From <i>1/1</i> To <i>3/9/04</i>
--	--

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		Expenditure Code*
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		Expenditure Code*
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		Expenditure Code*
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		Expenditure Code*
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		Expenditure Code*
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		Expenditure Code*
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		Expenditure Code*
		-		

PAGE TOTAL  
\$

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

\*REFER TO INSTRUCTIONS FOR EXPENDITURE CODE NUMBERS.

## 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 <i>ASAREY-BOROUGH Democratic Committee</i>	Reporting Period From <i>1/1</i> To <i>3/31/04</i>
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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					

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
\$