# **Campaign Finance Report**

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

Filer Identificati Number :	on	20120	)140			Report Filed E		CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	committee,	Candida	ite or Lo	obbyist:			-	UREEN F	RIEND	S OF	FOR S	TATE RE	PRESEN	TATIV	Έ	
Street Address:	Street Address: 18 S. 9TH ST.,SUITE 104															
City:	STROU	IDSBUR	G					State:	PA			Zip Co	de: 18	360		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1. <b>X</b>	2ND FRIDA PRIMARY	30 DA PRIM		POST- 3.			AMENDN REPORT		Yes	No	$\checkmark$		
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. 3 ELECTION				POST-	6.		TERMIN REPORT		Yes	No	$\checkmark$
report type)	ANNUAL R	EPORT	7.	<b>Year</b> 2012				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office Sought by Candidate:								DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
REPRESENTATI								мо	DAY	YE	AR	176	STH	DEM	1	45
REPRESENTATI		GENER	AL ASSI					11		6	2012	]	(SEE INS	TRUCTIO	ONS FOR (	CODES)
Summary of		and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	e use	ONLY	
Expenditures	from:			1 2	20	012 <b>T</b>	0	3		5	2012					
A. Amount Bro	ught Forwa	ard From	Last Ro	eport			\$				0.00					
B. Total Moneta	ary Contrib	utions A	nd Rece	eipts (Fron	n Schee	dule I)	\$			2,4	15.33					
C. Total Funds	Available (	Sum Of	Lines A	and B)			\$			2,4	15.33					
D. Total Expend	ditures (Fro	om Sche	dule III	[)			\$			1,0	17.97					
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)		\$			1,3	97.36	-				
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From S	chedul	le II)	\$				0.00	-				
G. Unpaid Debt	s And Oblig	gations	(From S	chedule IV	')		\$				0.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this is		-	•	-					• •			•	£	dadaa	and half	-f. 4mus
correct and comple		port, men	iang the	attached sc	lieuules	s meu on	papei	or by elect		earann	, are to	life best o		leuge		er, true
Sworn to and subs	cribed before day of	e me this		20			_			s	ignaturo	e of Perso	n Submitt	ing Rep	oort	
		Signatur	e				_					Prin	ted Name			
My Commission Ex	cpires						_					Ema	il			
	M	0	DA	Y	YR				Are	ea Cod	e	Daytin	ne Telepho	one Nu	mber	
Part II- If this is	a report o	f a cand	idate's a	authorized	Comm	nittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and beli	ef this	political	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subsc	ribed before day of	me this		20							s	ignature	of Candida	te		
							-					Printe	ed Name			
My Commission Exp	-	gnature					-					Ema	il			
		мо	DA	۱Y	YR		-		Area	Code		D	aytime Te	lephon	e Numb	er

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE From: <u>1/2/2012</u> **To:** 3/5/2012 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 215.33 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 100.00 **Contributions Received From Political Committees (Part A)** 600.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 700.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 1,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,415.33 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

### 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 or Candidate Re			Rej	Reporting Period					
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE			From: <u>1/2/2012</u> To:				<u>3/5/2012</u>		
					DATE			AMOUNT	
Full Name of Contributing Committee SUPPORTERS OF THERESA MERLI				мо	DAY	YEAR			
Mailing Address P.O. BOX 649							\$	100.00	
City SWIFTWATER	State	Zip Code (Plus	4)	2	27	2012			
PA 18370									
							Г	PAGE TOTAL	

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

\$

100.00

Use this Part to it	\$5 emize all ot 50.01 to \$2	PART B <b>R CONTRIE</b> 0.01 TO \$250.00 ther contribution 50.00 in the repo m political comm	s with a orting pe	n a erio	aggrega od.			from
Name of Filing Committee or Candida	ite		Reporting	Per	riod			
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE					<u>1/2/2</u>	2 <u>012</u> To	):	<u>3/5/2012</u>
				D	ATE			AMOUNT
Full Name of Contributor JULIETTE VICTORY	мо	1	DAY	YEAR				
Mailing Address 217 HIGHLAND DI	RIVE						\$	100.00
	State	Zip Code (Plus 4)		1	23	2012		
STROUDSBURG	PA	18360						
Full Name of Contributor JULIETTE VICTORY	мо		DAY	YEAR				
Mailing Address 217 HIGHLAND DI	RIVE			Τ			\$	50.00
City STROUDSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18360		2	3	2012		
Full Name of Contributor MARK DODEL			мо		DAY	YEAR		
Mailing Address 584 HICKORY VAL	LEY ROAD						\$	100.00
City STROUDSBURG	State	Zip Code (Plus 4)		1	25	2012		
	РА	18360						
Full Name of Contributor RICKY HERNANDEZ	•		мо		DAY	YEAR		
Mailing Address 7565 EAGLE ROCH	( DRIVE						\$	100.00
City TOBYHANNA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18466		1	23	2012		
Full Name of Contributor HECTOR CINTRON			мо		DAY	YEAR		
Mailing Address 230 TERRACE DRI	VE						\$	250.00
City SAYLORSBURG	<b>State</b> PA	Zip Code (Plus 4) 183539273		2	26	2012		

Enter Grand Total of Part A 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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Can	Reporting Period								
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE				<u>1/2/2012</u> <b>To:</b> <u>3/5/2012</u>					
					DATE AMOL				
Full Name of Contributing Commi MONROE COUNTY DEMOCRATIC	мо	DAY	YEAR						
Mailing Address P.O. BOX 491				2			\$	1,500.00	
CitySTROUDSBURGStateZip Code (Plus 4)PA183609998					16	2012			
Enter Grand Total of Part C on	schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	PAGE TOTAL	
							Ŧ	1,500.00	

# 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	Reporting Period	
	From:	То:

	D	ATE		AMOUNT				
Full Name of Contributor					DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupa	tion		·	
Employer Mailing Address/Principal Place of City Business				·	State		Zip Code (	(Plus 4)
Enter Grand Total of Part C or	n Schedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	E TOTAL
							5	0.00

# 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	Name of Filing Committee or Candidate			Reporting Period					
Fro				From: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	Section				\$		0.00

### SCHEDULE II 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	Reporting Period	I							
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From:	<u>1/2/2012</u> <b>To:</b>	<u>3/5/2012</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3		\$	0.00						

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

# VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period				
F				From:			
[				DATE		A	MOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	Mailing Address					\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:						•	
Enter Grand Total of Part F on Sched	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	P/	AGE TOTAL
Section 2.					5	5	0.00

### PAGE 11

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•		Occupation					
Employer Mailing Address/Principal Place of City State State						Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporti	ng Period			
MADDEN, MAUREEN FRIENDS OF FOR	२ STATE REPRE	ESENTATIVE	From	<u>1/2</u>	2/2012	То:	<u>3/5/2012</u>
				DATE			AMOUNT
To Whom Paid STROUDSBURG MPO	мо	DAY	YEAR				
Mailing Address ANN STREET	1	23	2012	\$	38.00		
CitySTROUDSBURGStateZip Code (Plus 4)PA183609998				otion of Exp DFFICE BO			
To Whom Paid DELUXE BUSINESS CHECKS AND SOLUTIONS				DAY	YEAR		
Mailing Address P.O. BOX 64468			2	3	2012	\$	44.97
City ST. PAUL	State MN	<b>Zip Code (Plus 4)</b> 551649605	<b>Description of Expenditure</b> BANK CHECKS # 2				
To Whom Paid LEEWARD MARKETING LLC			мо	DAY	YEAR		
Mailing Address 217 HIGHLAND DR	RIVE		2	23	2012	\$	935.00
CitySTROUDSBURGStateZip Code (Plus 4)PA183601592				otion of Exp SIGNS; BU			
Enter Grand Total of Expenditures	on Page 1 R	enort Cover Page Item [	<u> </u>				PAGE TOTAL
	UI Faye I, K	Coport Cover Page, Itelli L				\$	1,017.97