

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 :		20120140		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE												
Street Address: PO BOX 1186												
City: STROUDSBURG						State: PA			Zip Code: 18360			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	115	STH	DEM	45
						11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		4	12	2016		5	16	2016				
A. Amount Brought Forward From Last Report						\$ 13,070.67						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,485.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 14,555.67						
D. Total Expenditures (From Schedule III)						\$ 3,060.91						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 11,494.76						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 5,000.00						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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>4/12/2016</u> To: <u>5/16/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 235.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 350.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 900.00
TOTAL for the Reporting Period (3)	\$ 900.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,485.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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	Reporting Period
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From: <u>4/12/2016</u> To: <u>5/16/2016</u>

DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$150.00
Hillstead, Carol						
Mailing Address			4	12	2016	
5459 Paradise Valley RD						
City	Cresco	State				
		PA				
		Zip Code (Plus 4)				
		18326				

Full Name of Contributor				MO	DAY	YEAR	\$100.00
Kurnas, Denise							
Mailing Address552 Greenview Dr				5	3	2016	
City	Saylorsburg	State	Zip Code (Plus 4)				
		PA	18353				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Gagliardo, Jane							
Mailing Address 113 W Broad St				5	11	2016	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301					

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

PAGE TOTAL
\$ 350.00

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 Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

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 MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Dodel, Mark					
Mailing Address 584 Hickory Valley Rd <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> City Stroudsburg </div> <div> State PA </div> <div> Zip Code (Plus 4) 18360 </div> </div>	5	8	2016	\$	500.00
Employer Name none	Occupation none				
Employer Mailing Address/Principal Place of Business none	City none		State PA	Zip Code (Plus 4) 18360	

Full Name of Contributor	MO	DAY	YEAR		
Madden, Maureen					
Mailing Address 7404 VentnorAve <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> City Tobyhanna </div> <div> State PA </div> <div> Zip Code (Plus 4) 18466 </div> </div>	4	18	2016	\$	400.00
Employer Name East Stroudsburg University	Occupation professor				
Employer Mailing Address/Principal Place of Business 200 Prospect St	City East Stroudsburg		State PA	Zip Code (Plus 4) 18301	

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

PAGE TOTAL
\$ 900.00

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	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
Receipt Description								

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

PAGE TOTAL
\$ 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	
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE		From: <u>4/12/2016</u> To: <u>5/16/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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 From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From <u>4/12/2016</u> To: <u>5/16/2016</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Citizens Bank				
Mailing Address 812 Main St	4	12	2016	\$ 3.22
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee	
To Whom Paid	MO	DAY	YEAR	
Litle 7 Co				
Mailing Address 900 Chelmsford St	4	20	2016	\$ 0.54
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bank fee	
To Whom Paid	MO	DAY	YEAR	
Litle 7 Co				
Mailing Address 900 Chelmsford St	5	3	2016	\$ 0.52
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bank fee	
To Whom Paid	MO	DAY	YEAR	
Litle 7 Co				
Mailing Address 900 Chelmsford St	5	4	2016	\$ 1.02
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bank fee	
To Whom Paid	MO	DAY	YEAR	
Citizens Bank				
Mailing Address 812 Main St	4	29	2016	\$ 3.00
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee	

To Whom Paid Act Blue			MO	DAY	YEAR	\$ 6.15
Mailing Address PO Box 44146			5	5	2016	
City Sommerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure bank fee			

To Whom Paid Act Blue			MO	DAY	YEAR	\$ 50.00
Mailing Address PO Box 44146			5	11	2016	
City Sommerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure contribution			

To Whom Paid Monroe County Honorary Society			MO	DAY	YEAR	\$ 130.00
Mailing Address 104 Weiss Ln			4	30	2016	
City Saylorsburg	State PA	Zip Code (Plus 4) 18353	Description of Expenditure dues			

To Whom Paid USPS			MO	DAY	YEAR	\$ 470.00
Mailing Address 701 Ann St			4	20	2016	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure postage			

To Whom Paid Lehigh Valley Printing			MO	DAY	YEAR	\$ 1,286.77
Mailing Address 306 Brodhead Ave Rear			4	15	2016	
City Bethlehem	State PA	Zip Code (Plus 4) 18015	Description of Expenditure printing			

To Whom Paid Lehigh Valley Printing			MO	DAY	YEAR	\$ 243.80
Mailing Address 306 Brodhead Ave Rear			4	19	2016	
City Bethlehem	State PA	Zip Code (Plus 4) 18015	Description of Expenditure printing			

To Whom Paid Sun Litho Print			MO	DAY	YEAR	\$ 68.90
Mailing Address 421 N Courtland St			5	13	2016	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure printing			
To Whom Paid Dunkin Donughts			MO	DAY	YEAR	\$ 48.59
Mailing Address 529 Pocono Blvd			4	26	2016	
City Mt. Pocono	State PA	Zip Code (Plus 4) 18344	Description of Expenditure refreshments			
To Whom Paid Paradise Stream			MO	DAY	YEAR	\$ 27.00
Mailing Address 6213 Carlton Rd			4	28	2016	
City Mt. Pocono	State PA	Zip Code (Plus 4) 18344	Description of Expenditure food			
To Whom Paid one & One			MO	DAY	YEAR	\$ 69.99
Mailing Address 701 Lee Rd Ste 300			4	12	2016	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure website hosting			
To Whom Paid Facebook			MO	DAY	YEAR	\$ 4.19
Mailing Address 1601 S California Ave			4	18	2016	
City Palo Alto	State CA	Zip Code (Plus 4) 94304	Description of Expenditure website hosting			
To Whom Paid Facebook			MO	DAY	YEAR	\$ 34.96
Mailing Address 1601 S California Ave			5	2	2016	
City Palo Alto	State CA	Zip Code (Plus 4) 94304	Description of Expenditure website hosting			

To Whom Paid Agoda/Clarion Hotel			MO	DAY	YEAR	\$ 115.31
Mailing Address 148 Sheraton Dr			4	12	2016	
City New Cumberland	State PA	Zip Code (Plus 4) 17070	Description of Expenditure hotel			

To Whom Paid Ellias Rest			MO	DAY	YEAR	\$ 144.45
Mailing Address 411 Rt 94			4	24	2016	
City Columbia	State NJ	Zip Code (Plus 4) 07832	Description of Expenditure food			

To Whom Paid Mokgadi, Mogale			MO	DAY	YEAR	\$ 40.40
Mailing Address 1730 Honeysuckle			4	27	2016	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure distribution			

To Whom Paid Padin, Miguel			MO	DAY	YEAR	\$ 40.40
Mailing Address 1112 Chapman Rd			4	27	2016	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure distribution			

To Whom Paid Goldschmid, Daniel			MO	DAY	YEAR	\$ 40.40
Mailing Address 310 Edgemont Rd			4	27	2016	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure distribution			

To Whom Paid Ostrow,Stephanie			MO	DAY	YEAR	\$ 100.00
Mailing Address 68 Edward Rd			4	27	2016	
City Beach Lake	State PA	Zip Code (Plus 4) 18405	Description of Expenditure distribution			

To Whom Paid Hill, Aurora			MO	DAY	YEAR	\$ 50.50
Mailing Address 200 Prospect St			4	27	2016	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure distribution			

To Whom Paid Marx, Madeline			MO	DAY	YEAR	\$ 40.40
Mailing Address 200 Prospect St			4	27	2016	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure distribution			

To Whom Paid Weiss, Liam			MO	DAY	YEAR	\$ 40.40
Mailing Address 217 Fieldstone Ln			4	27	2016	
City EastStroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure distribution			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,060.91

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 MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE				Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u>			
Outstanding Balance of Debt							
DATE							
Name of Creditor Maureen Madden				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 7404 VentnorAve				5	23	2016	
City Tobyhanna	State PA	Zip Code (Plus 4) 18466		Description of Debt loan to campaign			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 5,000.00