

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.	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. X	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		
		11	29	2016		12	31	2016			
A. Amount Brought Forward From Last Report					\$		10,186.10				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		610.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		10,796.10				
D. Total Expenditures (From Schedule III)					\$		44.74				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		10,751.36				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		1,650.00				

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

Signature

Printed Name

My Commission Expires

Email

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>11/29/2016</u> To: <u>12/31/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 10.00

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 500.00

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.)	\$ 610.00
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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>11/29/2016</u> To: <u>12/31/2016</u>

				DATE			AMOUNT	
Full Name of Contributor Odessky, Susan				MO	DAY	YEAR	\$ 50.00	
Mailing Address 6206 Blue Beech Dr				12	17	2016		
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301						

Full Name of Contributor Odessky, Susan				MO	DAY	YEAR	\$ 50.00
Mailing Address 6206 Blue Beech Dr				11	29	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
\$ 100.00

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 MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
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				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
MONROE CO DEM COM									
Mailing Address					12	28	2016		
PO BOX 491									
City		State	Zip Code (Plus 4)						
STROUDSBURG		PA	18360						

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

PAGE TOTAL
\$ 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: To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business		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 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:
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			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>11/29/2016</u> To: <u>12/31/2016</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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From <u>11/29/2016</u> To: <u>12/31/2016</u>

DATE				AMOUNT		
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			11	30	2016	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bankfee			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			12	30	2016	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bankfee			
To Whom Paid Litle 7 Co			MO	DAY	YEAR	\$ 0.55
Mailing Address 900 Chelmsford St			12	1	2016	
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bankfee			
To Whom Paid Litle 7 Co			MO	DAY	YEAR	\$ 0.87
Mailing Address 900 Chelmsford St			12	14	2016	
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bankfee			
To Whom Paid Act Blue			MO	DAY	YEAR	\$ 3.68
Mailing Address PO Box 44146			12	5	2016	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure bankfee			

To Whom Paid One & One			MO	DAY	YEAR	
Mailing Address 701 Lee Rd Ste 300			12	9	2016	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet			

To Whom Paid mama Maria's			MO	DAY	YEAR	
Mailing Address 265 US 611			12	1	2016	
City Tobyhanna	State PA	Zip Code (Plus 4) 18466	Description of Expenditure meeting			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 44.74

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				Reporting Period			
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE				From: <u>11/29/2016</u> To: <u>12/31/2016</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor Madden, Maureen				MO	DAY	YEAR	
Mailing Address 7404 VentnorAve				12	31	2016	\$ 1,650.00
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 \$ 1,650.00