

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20120140		<b>Report Filed By :</b>	<b>CANDIDATE</b>		<b>COMMITTEE</b>	✓	<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE											
<b>Street Address:</b> PO BOX 1186											
<b>City:</b> STROUDSBURG					<b>State:</b> PA		<b>Zip Code:</b> 18360				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	✓
	ANNUAL REPORT	7.	Year 2017		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b>		✓	<b>DISKETTE</b>	
<b>Name of Office Sought by Candidate:</b>					<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
					11	7	2017				
								(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>		
		1	1	2017		5	1	2017			
<b>A. Amount Brought Forward From Last Report</b>					\$ 10,751.36						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$ 908.30						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$ 11,659.66						
<b>D. Total Expenditures (From Schedule III)</b>					\$ 947.28						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$ 10,712.38						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$ 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

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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From: <u>1/1/2017</u> To: <u>5/1/2017</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 108.30

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 250.00
<b>All Other Contributions (Part B)</b>	\$ 600.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 850.00

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

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

<b>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.)</b>	\$ 958.30
---	-----------

**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.**

<b>Name of Filing Committee or Candidate</b>  MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2017</u> <b>To:</b> <u>5/1/2017</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> APSCUF/CAP(ASSN PA ST COL/UNIV FACL)			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 319 N FRONT ST			4	18	2017	
<b>City</b> HARRISBURG	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  17101				

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

<b>PAGE TOTAL</b>
\$ 250.00

**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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	<b>From:</b> <u>1/1/2017</u> <b>To:</b> <u>5/1/2017</u>

				DATE			AMOUNT	
Full Name of Contributor Madden, Maureen					MO	DAY	YEAR	\$ 200.00
Mailing Address 7404 VentnorAve					3	6	2017	
City Tobyhanna		State PA	Zip Code (Plus 4) 18466					

Full Name of Contributor			MO	DAY	YEAR	\$250.00
Dodel, Mark						
Mailing Address584 Hickory Valley Rd						
City	Stroudsburg	State	Zip Code (Plus 4)	3	9	2017
		PA	18360			

<b>Full Name of Contributor</b> Altamirano, Alex				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> 1811 126 St 2fl				3	13	2017	
<b>City</b> College Point	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 11356					

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

<b>PAGE TOTAL</b>
\$ 600.00

**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.

<b>PAGE TOTAL</b>
\$ 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	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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.

<b>PAGE TOTAL</b>
\$ 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
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

			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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE		<b>From:</b>	<b>To:</b>
		<u>1/1/2017</u>	<u>5/1/2017</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
<b>TOTAL for the Reporting Period</b>		<b>(1)</b>	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
<b>TOTAL for the Reporting Period</b>		<b>(2)</b>	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
<b>TOTAL for the Reporting Period</b>		<b>(3)</b>	\$ 0.00
<b>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.)</b>			\$ 0.00



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <b>To:</b>

			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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From <u>1/1/2017</u> To: <u>5/1/2017</u>

DATE				AMOUNT		
To Whom Paid Litle 7 Co			MO	DAY	YEAR	\$ 0.55
Mailing Address 900 Chelmsford St			1	3	2017	
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bank fee			
To Whom Paid Litle 7 Co			MO	DAY	YEAR	\$ 0.60
Mailing Address 900 Chelmsford St			1	5	2017	
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bank fee			
To Whom Paid Litle 7 Co			MO	DAY	YEAR	\$ 0.55
Mailing Address 900 Chelmsford St			1	6	2017	
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bank fee			
To Whom Paid Litle 7 Co			MO	DAY	YEAR	\$ 9.50
Mailing Address 900 Chelmsford St			1	31	2017	
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure bank fee			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			1	31	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			

To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			2	28	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			

To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			3	31	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			

To Whom Paid Vantiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 Governors Hill Dr			3	6	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Vantiv			MO	DAY	YEAR	\$ 0.60
Mailing Address 8500 Governors Hill Dr			3	8	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Vantiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 Governors Hill Dr			3	31	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Vantiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 Governors Hill Dr			4	4	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Vantiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 Governors Hill Dr			4	5	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Vantiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 Governors Hill Dr			4	6	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Vantiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 Governors Hill Dr			4	19	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Act Blue			MO	DAY	YEAR	\$ 6.00
Mailing Address PO Box 44146			4	5	2017	
City Sommerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure bank fee			

To Whom Paid Postmaster			MO	DAY	YEAR	\$ 43.00
Mailing Address 701 Ann St			1	23	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure Box rental			

To Whom Paid one &one			MO	DAY	YEAR	\$ 9.99
Mailing Address 701 Lee Rd Ste 300			1	10	2017	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet			

<b>To Whom Paid</b> one & one			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 701 Lee Rd Ste 300			2	9	2017	
<b>City</b> Chesterbrook	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087	<b>Description of Expenditure</b> internet			

<b>To Whom Paid</b> one & one			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 701 Lee Rd Ste 300			3	8	2017	
<b>City</b> Chesterbrook	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087	<b>Description of Expenditure</b> bank fee			

<b>To Whom Paid</b> one & one			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 701 Lee Rd Ste 300			4	10	2017	
<b>City</b> Chesterbrook	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087	<b>Description of Expenditure</b> internet			

<b>To Whom Paid</b> Sophia's on Market			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 3700 Market St			1	3	2017	
<b>City</b> Camp Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Description of Expenditure</b> catering			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 947.28

**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**

<b>Name of Filing Committee or Candidate</b>				<b>Reporting Period</b>			
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE				<b>From:</b> <u>1/1/2017</u> <b>To:</b> <u>5/1/2017</u>			
							<b>Outstanding Balance of Debt</b>
				<b>DATE</b>			
<b>Name of Creditor</b> Maureen Madden				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 7404 VentnorAve				5	1	2017	\$        1,650.00
<b>City</b> Tobyhanna		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 18466		<b>Description of Debt</b> loan to campaign	
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>							<b>PAGE TOTAL</b>
							\$        1,650.00