

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 2017	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
					MO	DAY	YEAR	DEM 45			
					11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	2	2017		6	5	2017			
A. Amount Brought Forward From Last Report					\$ 10,712.38						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,750.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 12,462.38						
D. Total Expenditures (From Schedule III)					\$ 18.79						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 12,443.59						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

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>5/2/2017</u> To: <u>6/5/2017</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 1,750.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 1,750.00

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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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.)	\$ 1,750.00
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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 or Candidate				Reporting Period			
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE				From: <u>5/2/2017</u> To: <u>6/5/2017</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
Planned Parenthood PA PAC			5	9	2017	
Mailing Address PO Box 11572						
City Harrisburg	State PA	Zip Code (Plus 4) 17108				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PA OPTOMETRIC PAC			5	9	2017	
Mailing Address 218 NORTH ST						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PA FOP PAC			5	17	2017	
Mailing Address 2949 N. Front St.						
City Harrisburg	State PA	Zip Code (Plus 4) 17110				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
IBC PAC			5	31	2017	
Mailing Address 1901 Market St						
City Philadelphia	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
H Tech PAC			5	17	2017	
Mailing Address 200 S. Broad St.						
City Philadelphia	State PA	Zip Code (Plus 4) 19102				

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
Highmark PAC							
Mailing Address				5	15	2017	
1800 Center St							
City	State	Zip Code (Plus 4)					
Camp Hill	PA	17089					

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
AFSCME Council 13							
Mailing Address				5	9	2017	
4031 Executive Park Drive							
City	Harrisburg	State	Zip Code (Plus 4)				
		PA	17111				

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

PAGE TOTAL
\$ 1,750.00

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	Reporting Period
	From: To:

				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.

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:

				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>5/2/2017</u> To: <u>6/5/2017</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 <div style="display: flex; justify-content: space-between;">From:To:</div>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						\$ 0.00
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>5/2/2017</u> To: <u>6/5/2017</u>

DATE				AMOUNT		
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			5	2	2017	
City Stoudsburg	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			5	31	2017	
City Stoudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			
To Whom Paid Vatntiv			MO	DAY	YEAR	\$ 0.60
Mailing Address 8500 governors Hill Dr			5	3	2017	
City Cincinnatti	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			
To Whom Paid Vatntiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 governors Hill Dr			5	5	2017	
City Cincinnatti	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			
To Whom Paid Vatntiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 governors Hill Dr			5	9	2017	
City Cincinnatti	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Vatntiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 governors Hill Dr			6	1	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Vatntiv			MO	DAY	YEAR	\$ 0.55
Mailing Address 8500 governors Hill Dr			6	2	2017	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid one & one			MO	DAY	YEAR	\$ 9.99
Mailing Address 701 Lee Rd Ste 300			5	9	2017	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 18.79

