

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: Friends of Maureen Madden												
Street Address: 515 N Fifth St												
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. X	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				
						11	7	2017				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	24	2017		11	27	2017				
A. Amount Brought Forward From Last Report						\$ 17,310.44						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,450.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 20,760.44						
D. Total Expenditures (From Schedule III)						\$ 1,355.70						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 19,404.74						
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

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
Friends of Maureen Madden	From: <u>10/24/2017</u> To: <u>11/27/2017</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)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 1,950.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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.)	\$ 3,450.00
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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			
Friends of Maureen Madden				From: <u>10/24/2017</u> To: <u>11/27/2017</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
AFSCME Council 13 Political & Legislative			11	22	2017	
Mailing Address	4031 Executive Park Dr					
City	State	Zip Code (Plus 4)				
Harrisburg	PA	171111507				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
APSCUF/cap-PA			11	22	2017	
Mailing Address						
319 N Front St						
City	State	Zip Code (Plus 4)				
Harrisburg	PA	171011203				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
Highmark PAC			11	27	2017	
Mailing Address						
1800 Center St						
City	State	Zip Code (Plus 4)				
Camp Hill	PA	170111702				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
JM Uliana Associates			11	27	2017	
Mailing Address						
2571 Baglyos Cir Ste B20						
City	State	Zip Code (Plus 4)				
Bethlehem	PA	180208046				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
LAWPAC			11	22	2017	
Mailing Address						
212 N 3rd St Ste 101						
City	State	Zip Code (Plus 4)				
Harrisburg	PA	171011505				

Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
Pa State Education Association PAC for Education						
Mailing Address			11	10	2017	
400 N 3rd St						
City	Harrisburg	State				
		PA				
		Zip Code (Plus 4)				
		171011346				

Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
Pennsylvania SEIU COPE						
Mailing Address			11	27	2017	
1500 N 2nd St Ste 11						
City	Harrisburg	State				
		PA				
		Zip Code (Plus 4)				
		171022527				

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

PAGE TOTAL
\$ 1,750.00

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 Friends of Maureen Madden	Reporting Period From: <u>10/24/2017</u> To: <u>11/27/2017</u>
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				DATE			AMOUNT	
Full Name of Contributor Mark Connors					MO	DAY	YEAR	\$ 200.00
Mailing Address 623 King St					10	25	2017	
City Stroudsburg		State PA	Zip Code (Plus 4) 183601918					

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

PAGE TOTAL
\$ 200.00

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 Friends of Maureen Madden	Reporting Period From: <u>10/24/2017</u> To: <u>11/27/2017</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee Laborers District Council PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 665 N Broad St Fl 5				11	21	2017	
City Philadelphia	State PA	Zip Code (Plus 4) 191232418					
Full Name of Contributing Committee Wojdak for the Commonwealth PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 30 N 3rd St Ste 950				11	22	2017	
City Harrisburg	State PA	Zip Code (Plus 4) 171011741					

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

PAGE TOTAL
\$ 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: 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:
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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	
Friends of Maureen Madden		From: <u>10/24/2017</u> To: <u>11/27/2017</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 RECEIVED - 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:

				DATE		AMOUNT	
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
Friends of Maureen Madden	From <u>10/24/2017</u> To: <u>11/27/2017</u>

DATE				AMOUNT		
To Whom Paid BJ Wjolesale			MO	DAY	YEAR	\$ 74.19
Mailing Address 250 Pocono Cmns			11	8	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 183608192	Description of Expenditure supplies for election			
To Whom Paid Cafe Fresco			MO	DAY	YEAR	\$ 398.00
Mailing Address 215 N 2nd St			11	22	2017	
City Harrisburg	State PA	Zip Code (Plus 4) 171011468	Description of Expenditure Harrisburg fundraiser			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			10	31	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 183601602	Description of Expenditure bank fee			
To Whom Paid Cluck u Chicken			MO	DAY	YEAR	\$ 76.00
Mailing Address 107 Brown St			11	8	2017	
City East Stroudsburg	State PA	Zip Code (Plus 4) 183012882	Description of Expenditure food election night			
To Whom Paid David Derosa			MO	DAY	YEAR	\$ 300.00
Mailing Address 2952 CANDLEWOOD Dr			11	22	2017	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure consulting			

To Whom Paid Dollar Tree			MO	DAY	YEAR	\$ 16.96
Mailing Address 1116 N 9th St			10	31	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 183601102	Description of Expenditure supplies			

To Whom Paid Dollar Tree			MO	DAY	YEAR	\$ 6.36
Mailing Address 1116 N 9th St			11	8	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 183601102	Description of Expenditure supplies election day			

To Whom Paid Maureen Madden			MO	DAY	YEAR	\$ 450.00
Mailing Address 7404 Ventnor Dr			11	21	2017	
City Tobyhanna	State PA	Zip Code (Plus 4) 184663321	Description of Expenditure reimburse for NGP fees			

To Whom Paid one & one			MO	DAY	YEAR	\$ 9.99
Mailing Address 701 Lee Rd Ste 300			11	9	2017	
City Chesterbrook	State PA	Zip Code (Plus 4) 190875612	Description of Expenditure internet service			

To Whom Paid Texas Roadhouse			MO	DAY	YEAR	\$ 21.20
Mailing Address 318 Stroud Mall			11	9	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 183601139	Description of Expenditure election night food			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,355.70

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 Friends of Maureen Madden				Reporting Period From: <u>10/24/2017</u> To: <u>11/27/2017</u>			
							Outstanding Balance of Debt
							DATE
Name of Creditor Maureen Madden				MO	DAY	YEAR	\$ 1,650.00
Mailing Address 7404 Ventnor Dr				5	1	2016	
City Tobyhanna	State PA		Zip Code (Plus 4) 184663321		Description of Debt loan from candidate for previous expenses		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 1,650.00