#### **Campaign Finance Report**

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

Filer Identificati Number :	on 2012	20140			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		Frien	nds	of Ma	ureen M	adden								
Street Address:	515 N Fifth S	t															
City:	Stroudsburg							State:	PA			Zip Cod	<b>ie:</b> 18	3360			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	RE-	. 2	2.	30 DA		POST-	3.		AMENDM REPORT		Yes	No	*	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA	'	POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2017					NG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County	,
								МО	DAY	ΥI	AR		10000				
								11		7	2017		(SEE IN	STRUCTI	ONS FOR C	ODES)	
•	Receipts and	МО	DAY YE	AR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 28	20	017	Т	0	12	:	31	2017						
A. Amount Bro	ught Forward Fro	n Last R	eport				\$			19,	104.74						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	chec	dule	I)	\$			2,2	220.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			21,	524.74						
D. Total Expend	ditures (From Sch	edule II	I)				\$			2,3	316.53						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			19,3	08.21						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)	)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From 9	Schedule IV)				\$			1,6	550.00			1			
			А	FF:	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Car	ndidate r	eport, d	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sched	ules	filed	l on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	١.
Sworn to and subs	cribed before me thi day of	5	20							9	Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					-					Prin	ted Name	e			•
My Commission Ex	cpires											Ema	il				ı
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belief t	this	politi	ical	comm	ittee has r	ot viola	ted ar	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			
	day of						-					Printe	d Name				
	Signature						-					Ew-					
My Commission Exp	ires											Ema					
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephor	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
Friends of Maureen Madden	From:	11/28/20	<u>17</u> To:	12/31/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	820.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	500.00
All Other Contributions (Part B)			\$	400.00
TOTAL for the Reporting	) Period	(2)	\$	900.00
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)			\$	500.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,220.00

#### **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:	11/28/2017	То:	12/31/2017
		DATE		AMOUNT

<b>Full Name of Contributing Committee</b> PA Assn. of Deer Farmers PAC			МО	DAY	YEAR	
Mailing Address 200 N 3rd St Ste	1500					<b>\$</b> 250.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011590	12	21	2017	
Full Name of Contributing Committee PA Association of Deer Farmers PAC			мо	DAY	YEAR	
Mailing Address 200 N 3rd St Ste	1500					<b>\$</b> 250.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011590	12	21	2017	

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

**PAGE TOTAL \$** 500.00

### 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 Candidat	e		Rep	orting Pe	eriod			
Friends of Maureen Madden			Fro	m:	11/28/2	2 <u>017</u> <b>To</b>	:	<u>12/31/2017</u>
					DATE			AMOUNT
<b>Full Name of Contributor</b> Maureen Madden				МО	DAY	YEAR		
Mailing Address PO Box 1186							\$	100.00
City Stroudsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 183604186		12	10	2017		
Full Name of Contributor Kelly McKenzie				МО	DAY	YEAR		
Mailing Address 300 Analomink St				12	20	2017	\$	100.00
City East Stroudsbur	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 183012300		12	20	2017		
<b>Full Name of Contributor</b> Robert McKenzie				МО	DAY	YEAR		
Mailing Address 300 Analomink St				12	21	2017	\$	100.00
City East Stroudsbur	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 183012300		12	21	2017		
Full Name of Contributor Thomas Yanac				МО	DAY	YEAR		
Mailing Address 37 Sterling Rd					_		\$	100.00
City Mount Pocono	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 183441118		12	30	2017		
			·					PAGE TOTAL

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

5/11/2024 11:59:29 PM

400.00

#### **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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

### 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			Repo	orting Pe	riod			
Friends of Maureen Madden			Fron	n:	11/28/2	<u>017</u> <b>T</b> o	): <u>12</u>	/31/2017
				D.A	ATE		AMOL	INT
Full Name of Contributor				мо	DAY	YEAR		
Mark Dodel				MO	DAT	TEAR		
Mailing 584 Hickory Valley Ro	ı						<b>\$</b>	500.00
City Stroudsburg	State	Zip Code (Plus	5 4)	12	30	2017		
	PA	183606846						
Employer Name none				Occupat	i <b>on</b>	one	•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (F	Plus 4)
584 Hickory Valley Rd		Stroudsb	urg		PA		18360	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PAGE	TOTAL
	·	, ,					\$	500.00

## 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 Ca	ndidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	Section				\$	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 Per	riod	
Friends of Maureen Madden	From:	<u>11/28/2017</u> <b>To:</b>	12/31/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	didate		Reporti	ng Period			
Friends of Maureen Madden			From	11/28	<u>3/2017</u>	То:	12/31/2017
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Citizens Bank							
Mailing Address 812 Main St			11	30	2017	\$	3.00
City Stroudsburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
- 	PA	183601602	bank fe	ee			
<b>To Whom Paid</b> Citizens Bank			мо	DAY	YEAR		
Mailing Address 812 Main St			12	29	2017	\$	3.00
City Stroudsburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	183601602	bank fe	ee			
<b>To Whom Paid</b> David Derosa			МО	DAY	YEAR		
Mailing Address 2052 Candlew	vood Dr		11	30	2017	\$	500.00
City East Stroudsburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA						
		183018528	consult	ing			
<b>To Whom Paid</b> Maureen Madden		183018528	consult	DAY	YEAR		
		183018528				\$	1,650.00
Mailing Address PO Box 1186	State	183018528  Zip Code (Plus 4)	<b>MO</b> 12	<b>DAY</b> 19	<b>YEAR</b> 2017		1,650.00
Mailing Address PO Box 1186			MO 12	DAY	YEAR 2017 penditure		1,650.00
Mailing Address PO Box 1186	State	Zip Code (Plus 4)	MO 12	DAY 19 otion of Exp	YEAR 2017 penditure		1,650.00
Mailing Address PO Box 1186  City Stroudsburg  To Whom Paid	State PA	Zip Code (Plus 4)	MO 12  Description paid bases	19 otion of Exp ck loan fro	YEAR  2017  penditure om candid		1,650.00

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reporting software

VA

To Whom Paid one & amp; one			мо	DAY	YEAR			
Mailing Address 701 Lee Rd Ste 300				8	2017	\$	9.99	
<b>City</b> Chesterbrook	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190875612	Description of Expenditure internet					
To Whom Paid vantiv				DAY	YEAR			
Mailing Address 8500 Governors Hill Dr			12	14	2017	\$	0.54	
City Symmes Twp	State OH	<b>Zip Code (Plus 4)</b> 452491384	Description of Expenditure bank fee					
Enter Grand Total of Evnenditure	os on Pago 1. Pe	anart Cover Dage Item D					PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							2,316.53	

## 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						
Friends of Maureen Madden			From:	<u>11</u>	/28/2017	<u>17</u>	12/31/2017		
					DATE			Outstanding Balance of Debt	
Name of Creditor Maureen Madden				мо	DAY	YEAR			
Mailing Address PO Box 1186				5	1	2016	\$	1,650.00	
<b>City</b> Stroudsburg	<b>State</b> PA	<b>Zip Code (Pl</b> 183604186	•	Description of Debt  loan from candidate for previous expenses					
Enter Grand Total of Unpaid C	Debts on Page	1, Report Cover Pa	ge, Item	ı G.			\$	<b>PAGE TOTAL</b> 1,650.00	