

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. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2019	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			
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	22	2019		11	25	2019		
A. Amount Brought Forward From Last Report					\$ 20,741.88					
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,341.57					
C. Total Funds Available (Sum Of Lines A and B)					\$ 22,083.45					
D. Total Expenditures (From Schedule III)					\$ 1,671.13					
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 20,412.32					
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>10/22/2019</u> To: <u>11/25/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 16.00

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)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 325.57
TOTAL for the Reporting Period (3)	\$ 1,325.57

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.)	\$ 1,341.57
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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
	From: To:

					DATE			AMOUNT	
Full Name of Contributor					MO	DAY	YEAR	\$ 0.00	
Mailing Address									
City		State		Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

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>10/22/2019</u> To: <u>11/25/2019</u>
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				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,000.00
Friends of Frank Dermody									
Mailing Address					10	30	2019		
PO Box 274									
City	Tarentum	State	PA	Zip Code (Plus 4)					
				15084					

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

PAGE TOTAL
\$ 1,000.00

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 MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	Reporting Period From: <u>10/22/2019</u> To: <u>11/25/2019</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Ron Byrd							
Mailing Address 5609 Pembroke rd				11	14	2019	\$ 325.57
City Tobyhanna	State PA	Zip Code (Plus 4) 18344					
Employer Name none				Occupation none			
Employer Mailing Address/Principal Place of Business none			City none		State PA	Zip Code (Plus 4) 18344	

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

PAGE TOTAL
\$ 325.57

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>10/22/2019</u> To: <u>11/25/2019</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

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

Name of Filing Committee or Candidate	Reporting Period
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From <u>10/22/2019</u> To: <u>11/25/2019</u>

DATE				AMOUNT		
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 18.00
Mailing Address 812 Main St			10	30	2019	
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			10	31	2019	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			
To Whom Paid Vantiv			MO	DAY	YEAR	\$ 1.05
Mailing Address 8500 Governors Hill Dr			11	4	2019	
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			11	6	2019	
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			11	8	2019	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			

To Whom Paid Pocono Cinema			MO	DAY	YEAR	\$ 88.00
Mailing Address 88 S Courtland St			11	1	2019	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure contribution			

To Whom Paid Penn State Extension			MO	DAY	YEAR	\$ 30.00
Mailing Address 323 Ag Administration Bldg			11	8	2019	
City University Park	State PA	Zip Code (Plus 4) 16802	Description of Expenditure contribution			

To Whom Paid Roy Ramos			MO	DAY	YEAR	\$ 200.00
Mailing Address 7404 VentnorAve			10	30	2019	
City Tobyhanna	State PA	Zip Code (Plus 4) 18466	Description of Expenditure entertainment			

To Whom Paid USPS			MO	DAY	YEAR	\$ 35.00
Mailing Address 701 Ann St			10	28	2019	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure postage			

To Whom Paid Lehigh Valley Print			MO	DAY	YEAR	\$ 830.78
Mailing Address 1701 Union Blvd			10	25	2019	
City Allentown	State PA	Zip Code (Plus 4) 18109	Description of Expenditure printing			

To Whom Paid Staples			MO	DAY	YEAR	\$ 29.67
Mailing Address 205 Applegate Rd			11	5	2019	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure supplies			

To Whom Paid one and one			MO	DAY	YEAR	
Mailing Address 701 Lee Rd Ste 300			11	8	2019	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet			

To Whom Paid Dunkin Donuts			MO	DAY	YEAR	
Mailing Address 529 Pocono Blvd			11	6	2019	
City Mt Pocono	State PA	Zip Code (Plus 4) 18344	Description of Expenditure volunteers food			

To Whom Paid 5 guys burgers			MO	DAY	YEAR	
Mailing Address 361 Charles Way Ste 11			11	6	2019	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure volunteers food			

To Whom Paid Mama Marias			MO	DAY	YEAR	
Mailing Address 265US 611			11	6	2019	
City Tobyhanna	State PA	Zip Code (Plus 4) 18344	Description of Expenditure volunteers food			

To Whom Paid Mama Marias			MO	DAY	YEAR	
Mailing Address 265US 611			11	6	2019	
City Tobyhanna	State PA	Zip Code (Plus 4) 18344	Description of Expenditure volunteers food			

To Whom Paid BigBrothers Big Sisters			MO	DAY	YEAR	
Mailing Address 724A Phillips St			11	10	2019	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure contribution			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,671.13

