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				port ed B		CANDI	CANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	late or L	obbyist:	,	MAC	DDE	N, MA	UREEN F	RIEND	S OF	FOR S	TATE RE	PRESE	VITATIV	Έ		
Street Address:	PO BOX 1186	5															
City:	STROUDSBUI	RG						State:	PA			Zip Cod	le: 18	3360			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINATION REPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7. X	Year 2019					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	ty
								МО	DAY	YE	AR	- rumber	Couc	<u> </u>		Couc	
								11		5	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY Y	/EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		11 26	20	019	T	0	12		31	2019						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			20,4	112.32						
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	ı)	\$			1	171.00						
C. Total Funds Available (Sum Of Lines A and B)						\$			20,5	83.32							
D. Total Expenditures (From Schedule III)						\$			1,3	88.01							
E. Ending Cash	E. Ending Cash Balance (Subtract Line D From Line C)					\$			19,1	95.31							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
				AFF	IDA	٩VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f th	is is	a Can	ndidate re	eport, o	andio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	1e
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	ıre					-		Printed Name								
My Commission Ex	cpires						_		Email								
	МО	D	AY	ΥR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	e, C	andida	ate shall	hall sign here.								
I swear (or affirm) No 320) as amende	that to the best of ed.	ny knowl	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333	i,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	pires											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE From: 11/26/2019 To: 12/31/2019								
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	g Period	(1)	\$	6.00				
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)			\$	165.00				
TOTAL for the Reporting	y Period	(2)	\$	165.00				
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	J Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	g Period	(4)	\$	0.00				
			1					
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	171.00				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	•	•		•	•		

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

PAGE TOTAL
\$ 0.00

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 Ca	ndidate		Reporting	Period			
MADDEN, MAUREEN FRIENDS	OF FOR STATE REPF	RESENTATIVE	From:	11/26/	2019 T o	o:	12/31/2019
			ı	DATE			AMOUNT
Full Name of Contributor Jane Gagliardo			МО	DAY	YEAR		
Mailing Address 113 W Broad	l St					\$	50.00
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	, 12	31	2019		
Full Name of Contributor Jane Gagliardo			МО	DAY	YEAR		
Mailing Address 113 W Broad	l St					\$	50.00
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	11	30	2019		
Full Name of Contributor Latisha Griffith			МО	DAY	YEAR		
Mailing Address 6302 Ventno	r Ave					\$	65.00
City Tobyhanna	State PA	Zip Code (Plus 4) 18466	12	5	2019		
	·	•	<u>'</u>	1	1		PAGE TOTAL

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

PAGE TOTAL \$ 165.00

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod			
			Fror	n:		То	:	
				D/	ATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	GE TOTAL 0.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Peri	od	
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From:	<u>11/26/2019</u> To:	12/31/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From	11/26/2019	То:	12/31/2019

				DATE	AMOUNT		
To Whom Paid MCDC			МО	DAY	YEAR		
Mailing Address PO Box 491			12	12	2019	\$	150.00
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure contribution				
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address 812 Main St			11	29	2019	\$	3.00
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee				
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address 812 Main St			12	31	2019	\$	3.00
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee				
To Whom Paid Vantiv			МО	DAY	YEAR		
Mailing Address 8500 Governors Hill Dr			12	30	2019	\$	0.54
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee				
To Whom Paid Vantiv		•	МО	DAY	YEAR		
Mailing Address 8500 Governors Hill Dr			12	31	2019	\$	0.54
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee				

							PAGE	
To Whom Paid Jeremey Montes				DAY	YEAR			
Mailing Address 4121 Timber Ln			11	26	2019	\$		100.00
City tobyhanna	State PA	Zip Code (Plus 4) 18466	Description of Expenditure contribution					
To Whom Paid Pennfuture			МО	DAY	YEAR			
Mailing Address 610 N third St			11	27	2019	\$		50.00
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure contribution					
To Whom Paid Women's Veterans Museum			МО	DAY	YEAR			
Mailing Address PO Box 441			12	5	2019	\$		500.00
City Mt. Pocono	State PA	Zip Code (Plus 4) 18344	Description of Expenditure contribution					
To Whom Paid Friends of Brian Callahan			МО	DAY	YEAR			
			MO 12	DAY 5	YEAR 2019	\$		100.00
Friends of Brian Callahan	State PA	Zip Code (Plus 4) 18015	12	5 otion of Exp	2019			100.00
Friends of Brian Callahan Mailing Address 633 Main St			12 Descrip	5 otion of Exp	2019			100.00
Friends of Brian Callahan Mailing Address 633 Main St City Bethlehem To Whom Paid			12 Description	5 otion of Exp ution	2019 penditure			100.00
Friends of Brian Callahan Mailing Address 633 Main St City Bethlehem To Whom Paid ShermanTheater			Description MO	DAY 12	2019 Penditure YEAR 2019	\$		
Friends of Brian Callahan Mailing Address 633 Main St City Bethlehem To Whom Paid ShermanTheater Mailing Address 524 Main St	PA	18015 Zip Code (Plus 4)	Description MO 12 Description MO	DAY 12	2019 Penditure YEAR 2019	\$		
Friends of Brian Callahan Mailing Address 633 Main St City Bethlehem To Whom Paid ShermanTheater Mailing Address 524 Main St City Stroudsburg	PA	18015 Zip Code (Plus 4)	Description 12 Description 12 Description 12	DAY 12 btion of Expution	2019 Penditure YEAR 2019 Penditure	\$		

							PAGE 13
To Whom Paid one and one			мо	DAY	YEAR		
Mailing Address 701 Lee Rd Ste 300			12	9	2019	\$	9.99
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet				
To Whom Paid stroudsmoor Country Inn				DAY	YEAR		
Mailing Address 257 Stroudsmoor Rd			11	27	2019	\$	26.00
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure tickets meeting				
To Whom Paid AARP ch 633			МО	DAY	YEAR		
Mailing Address PO Box 133			12	5	2019	\$	45.00
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure meeting				
To Whom Paid Greenhouse Just Cause			МО	DAY	YEAR		
Mailing Address 229 S Main St			12	5	2019	\$	24.94
City Newtown	State CT	Zip Code (Plus 4) 06470	Description of Expenditure toy drive contribution				
To Whom Paid Rosemarie Happanay				DAY	YEAR		
Mailing Address 19 Union Mill Rd			12	11	2019	\$	100.00
City Covington Township	State PA	Zip Code (Plus 4) 18444	Description of Expenditure contribution cancer fund				
Enter Grand Total of Expenditu	ıres on Page 1, Re	eport Cover Page. Item D					PAGE TOTAL
			-			\$	1,388.01