

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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2020		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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	115	STH	DEM	45
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	24	2020		12	31	2020				
A. Amount Brought Forward From Last Report						\$ 16,823.94						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 140.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 16,963.94						
D. Total Expenditures (From Schedule III)						\$ 726.04						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 16,237.90						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 1,500.00						

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>11/24/2020</u> To: <u>12/31/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 40.00

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

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.)	\$ 140.00
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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
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			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 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
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

				DATE			AMOUNT	
Full Name of Contributor Gagliardo, Jane				MO	DAY	YEAR	\$ 50.00	
Mailing Address 113 W Broad St				11	30	2020		
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301						

Full Name of Contributor				MO	DAY	YEAR	\$ 50.00
Gagliardo, Jane							
Mailing Address 113 W Broad St				12	31	2020	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301					

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

PAGE TOTAL
\$ 100.00

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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

			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>11/24/2020</u> To: <u>12/31/2020</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 III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From <u>11/24/2020</u> To: <u>12/31/2020</u>

DATE				AMOUNT		
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			11	30	2020	
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			12	31	2020	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			
To Whom Paid Act Blue			MO	DAY	YEAR	\$ 1.29
Mailing Address 366 Summer St			12	3	2020	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure bank fee			
To Whom Paid go fund me			MO	DAY	YEAR	\$ 250.00
Mailing Address 855 Jefferson Ave			12	4	2020	
City Redwood City	State CA	Zip Code (Plus 4) 94063	Description of Expenditure contribution			
To Whom Paid Best Buy			MO	DAY	YEAR	\$ 343.89
Mailing Address 300 Shops at Stroud			12	30	2020	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure equipment			

To Whom Paid USPS			MO	DAY	YEAR	
Mailing Address 701 Ann St			12	7	2020	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure postage			

To Whom Paid Mailchimp			MO	DAY	YEAR	
Mailing Address 675 PonceDeLeon Ave NE Ste500			12	15	2020	
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure email campaign			

To Whom Paid one and one			MO	DAY	YEAR	
Mailing Address 701 Lee Rd Ste 300			12	8	2020	
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
						\$ 726.04

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				Reporting Period			
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE				From: <u>11/24/2020</u> To: <u>12/31/2020</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor				MO	DAY	YEAR	
Maureen Madden							
Mailing Address							
7404 Ventnor Ave				12	31	2020	\$ 1,500.00
City	State	Zip Code (Plus 4)		Description of Debt			
Tobyhanna	PA	18466		loan to committee			
							PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$ 1,500.00