

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20120140		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE												
<b>Street Address:</b> PO BOX 1186												
<b>City:</b> STROUDSBURG						<b>State:</b> PA			<b>Zip Code:</b> 18360			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2021	<b>FILING METHOD ( ) CHECK ONE</b>				<b>PAPER</b>	<input checked="" type="checkbox"/>	<b>DISKETTE</b>		
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	DEM 45			
						11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		5	4	2021		6	7	2021				
<b>A. Amount Brought Forward From Last Report</b>						\$ 1,087.32						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 205.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 1,292.32						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 75.27						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 1,217.05						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From: <u>5/4/2021</u> To: <u>6/7/2021</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 5.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 200.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 200.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 205.00
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**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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	<b>From:</b> <u>5/4/2021</u> <b>To:</b> <u>6/7/2021</u>

DATE				AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
William J Cullen				
<b>Mailing Address</b> 515 N Fifth St				
<b>City</b> Stroudsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18360	6 4 2021	

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

<b>PAGE TOTAL</b>
\$ 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	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.

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

				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.

<b>PAGE TOTAL</b>
\$ 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:

DATE				AMOUNT
Full Name				
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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE		From: <u>5/4/2021</u> To: <u>6/7/2021</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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.							<b>PAGE TOTAL</b> \$ 0.00



# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From <u>5/4/2021</u> To: <u>6/7/2021</u>

DATE				AMOUNT		
To Whom Paid Act Blue			MO	DAY	YEAR	\$ 6.08
Mailing Address 366 Summer St			5	5	2021	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure bank fee			
To Whom Paid Vantiv			MO	DAY	YEAR	\$ 1.11
Mailing Address 8500 Governors Hill Dr			5	10	2021	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			5	28	2021	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			
To Whom Paid Lehigh Valley Print			MO	DAY	YEAR	\$ 26.50
Mailing Address 1701 Union Blvd			5	13	2021	
City Allentown	State PA	Zip Code (Plus 4) 18109	Description of Expenditure printing			
To Whom Paid one and one			MO	DAY	YEAR	\$ 10.33
Mailing Address 701 Lee Rd Ste 300			5	10	2021	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet			

<b>To Whom Paid</b> paradise Township			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25.00
<b>Mailing Address</b> 5912 Paradise Valley Rd			6	7	2021	
<b>City</b> Cresco	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18326	<b>Description of Expenditure</b> venue rental			

  

<b>To Whom Paid</b> Vantiv			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 3.25
<b>Mailing Address</b> 8500 Governor's Hill Dr			5	31	2021	
<b>City</b> Symmes Township	<b>State</b> OH	<b>Zip Code (Plus 4)</b> 45249	<b>Description of Expenditure</b> Processing fees			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 75.27

**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**

<b>Name of Filing Committee or Candidate</b>				<b>Reporting Period</b>			
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE				From: <u>5/4/2021</u> To: <u>6/7/2021</u>			
							<b>Outstanding Balance of Debt</b>
				<b>DATE</b>			
<b>Name of Creditor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Maureen Madden							
<b>Mailing Address</b>							
7404 Ventnor Ave				6	3	2021	\$ 1,500.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		<b>Description of Debt</b>			
Tobyhanna	PA	18466		loan to campaign			
							<b>PAGE TOTAL</b>
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$ 1,500.00