

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	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2021		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				
						11	2	2021				
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY			
						9	14	2021				TO
						10	18	2021				
A. Amount Brought Forward From Last Report						\$ 5,240.28						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,005.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 8,245.28						
D. Total Expenditures (From Schedule III)						\$ 5,696.86						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 2,548.42						
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>9/14/2021</u> To: <u>10/18/2021</u>

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

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)	\$ 3,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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.)	\$ 3,005.00
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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
	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>9/14/2021</u> To: <u>10/18/2021</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee SEIU HEALTHCARE PA COPE				MO	DAY	YEAR	\$ 500.00
Mailing Address 1500 N 2ND ST, STE 12				9	21	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee SEIU HEALTHCARE PA COPE				MO	DAY	YEAR	\$ 500.00
Mailing Address 1500 N 2ND ST, STE 12				10	7	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee BRIDGE ACROSS PA PAC				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 121 S BROAD STREET 4TH FLOOR				9	29	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107					

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

PAGE TOTAL
\$ 3,000.00

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	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 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>9/14/2021</u> To: <u>10/18/2021</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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From <u>9/14/2021</u> To: <u>10/18/2021</u>

DATE				AMOUNT		
To Whom Paid Adams Outdoor Advertising			MO	DAY	YEAR	\$ 3,059.00
Mailing Address 3801 Capital City Blvd			9	30	2021	
City Lansing	State MI	Zip Code (Plus 4) 48906	Description of Expenditure billboards			
To Whom Paid Monroe County Jt Vet Honor Guard			MO	DAY	YEAR	\$ 50.00
Mailing Address 359 Lower Lakeview Dr			10	3	2021	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure advertisement			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			9	30	2021	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			
To Whom Paid American Cancer society			MO	DAY	YEAR	\$ 105.00
Mailing Address 2158 W Main St			9	19	2021	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure contribution			
To Whom Paid PA Legislative Black Caucus			MO	DAY	YEAR	\$ 250.00
Mailing Address 830 Timber Creek Ln			9	21	2021	
City Wayne	State PA	Zip Code (Plus 4) 19087	Description of Expenditure contribution			

To Whom Paid Judge Lane for Superior Court			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 15191			9	26	2021	
City Philadelphiaa	State PA	Zip Code (Plus 4) 19103	Description of Expenditure contribution			
To Whom Paid HDCC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 229 State St			9	29	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure contribution			
To Whom Paid MALCOLM FOR PA PAC			MO	DAY	YEAR	\$ 25.00
Mailing Address PO BOX 3254			9	30	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130	Description of Expenditure contribution			
To Whom Paid BPOE #319			MO	DAY	YEAR	\$ 60.00
Mailing Address 260 Washington St			10	3	2021	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure contribution			
To Whom Paid Judge Spurgeon For Comm Crt			MO	DAY	YEAR	\$ 100.00
Mailing Address 2509 Henderson Rd			10	12	2021	
City White Oak	State PA	Zip Code (Plus 4) 15131	Description of Expenditure contribution			
To Whom Paid Friends of Thom Welby			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 3724			10	13	2021	
City Scranton	State PA	Zip Code (Plus 4) 18503	Description of Expenditure contribution			

To Whom Paid Roy Ramos			MO	DAY	YEAR	
Mailing Address 7404 Ventnor Ave			9	20	2021	
City Tobyhanna	State PA	Zip Code (Plus 4) 18466	Description of Expenditure fundraiser entertainment			
To Whom Paid Mailchimp			MO	DAY	YEAR	
Mailing Address 675 PonceDeLeon Ave NE Ste500			10	5	2021	
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			10	12	2021	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet			
To Whom Paid Vantiv			MO	DAY	YEAR	
Mailing Address 8500 Governor's Hill Dr			9	30	2021	
City Symmes Township	State OH	Zip Code (Plus 4) 45249	Description of Expenditure Processing fees.			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 5,696.86

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>9/14/2021</u> To: <u>10/18/2021</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor Maureen Madden				MO	DAY	YEAR	
Mailing Address 7404 Ventnor Ave				10	18	2021	\$ 1,500.00
City Tobyhanna		State PA		Zip Code (Plus 4) 18466		Description of Debt loan to committee	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 1,500.00