

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 <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2021	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
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			
					11	23	2021				TO
					12	31	2021				
A. Amount Brought Forward From Last Report					\$		1,597.96				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		1,910.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		3,507.96				
D. Total Expenditures (From Schedule III)					\$		988.39				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		2,519.57				
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>11/23/2021</u> To: <u>12/31/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 10.00

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)	\$ 500.00
All Other Contributions (Part D)	\$ 1,300.00
TOTAL for the Reporting Period (3)	\$ 1,800.00

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.)	\$ 1,910.00
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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)**

Name of Filing Committee or Candidate	Reporting Period
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From: <u>11/23/2021</u> To: <u>12/31/2021</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 100.00
Michael Schlossberg				
Mailing Address 944 N 19th St				
City Allentown	State PA	Zip Code (Plus 4) 18104	11 30 2021	

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
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From: <u>11/23/2021</u> To: <u>12/31/2021</u>

DATE				AMOUNT
Full Name of Contributing Committee				
Friends of Joanna McClinton				
Mailing Address				
PO Box 16668				
City	State	Zip Code (Plus 4)		
Philadelphia	PA	19139		
		12	24	2021
				\$ 500.00

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

PAGE TOTAL
\$ 500.00

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>11/23/2021</u> To: <u>12/31/2021</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
David Monteverde							
Mailing Address 158 Berkeley St				11	23	2021	\$ 300.00
City Rochester	State NY	Zip Code (Plus 4) 14607					
Employer Name Delaware Lackawanna RR				Occupation president			
Employer Mailing Address/Principal Place of Business 280 Cliff St			City Scranton	State PA	Zip Code (Plus 4) 18503		

Full Name of Contributor				MO	DAY	YEAR	
Mark dodel							
Mailing Address 584 Hickory Valley Rd				12	10	2021	\$ 1,000.00
City Stroudsburg	State PA	Zip Code (Plus 4) 18360					
Employer Name none				Occupation none			
Employer Mailing Address/Principal Place of Business none			City none	State PA	Zip Code (Plus 4) 18360		

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

PAGE TOTAL
\$ 1,300.00

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>11/23/2021</u> To: <u>12/31/2021</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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	From <u>11/23/2021</u> To: <u>12/31/2021</u>

DATE				AMOUNT		
To Whom Paid Salvation Army			MO	DAY	YEAR	\$ 300.00
Mailing Address 226 Washington St			11	24	2021	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure contribution			
To Whom Paid Salvation Army			MO	DAY	YEAR	\$ 125.00
Mailing Address 226 Washington St			11	24	2021	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301	Description of Expenditure fundraiser tickets			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			11	30	2021	
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	2021	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			
To Whom Paid Act Blue			MO	DAY	YEAR	\$ 1.58
Mailing Address 366 Summer St			12	3	2021	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure bank fee			

To Whom Paid Network for good Giving Garden			MO	DAY	YEAR	\$ 25.00
Mailing Address 2556 Rising Hill Rd			11	26	2021	
City Saylorsburg	State PA	Zip Code (Plus 4) 18353	Description of Expenditure contribution			
To Whom Paid Pocmont			MO	DAY	YEAR	\$ 75.00
Mailing Address 159 Pocmont Loop			12	7	2021	
City Bushkill	State PA	Zip Code (Plus 4) 18324	Description of Expenditure fundraiser tickets			
To Whom Paid Metamorphosis			MO	DAY	YEAR	\$ 250.00
Mailing Address 804 Sarah St			12	17	2021	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure contribution			
To Whom Paid Ronald McDonald House			MO	DAY	YEAR	\$ 25.00
Mailing Address 332 Wheeler Ave			12	30	2021	
City Scranton	State PA	Zip Code (Plus 4) 18510	Description of Expenditure contribution			
To Whom Paid Mailchimp			MO	DAY	YEAR	\$ 83.73
Mailing Address 675 PonceDeLeon Ave NE Ste500			12	6	2021	
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure email campaign			
To Whom Paid one and one			MO	DAY	YEAR	\$ 10.47
Mailing Address 701 Lee Rd Ste 300			12	13	2021	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet			

To Whom Paid exxon			MO	DAY	YEAR	
Mailing Address 1650 W Main st			12	20	2021	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure travel expense			
To Whom Paid Vantiv			MO	DAY	YEAR	
Mailing Address 8500 Governor's Hill Dr			11	30	2021	
City Symmes Township	State OH	Zip Code (Plus 4) 45249	Description of Expenditure Processing fees			
To Whom Paid Vantiv			MO	DAY	YEAR	
Mailing Address 8500 Governor's Hill Dr			12	31	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 \$ 988.39

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>11/23/2021</u> To: <u>12/31/2021</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor Maureen Madden				MO	DAY	YEAR	
Mailing Address 7404 Ventnor Ave				12	31	2021	\$ 1,500.00
City Tobyhanna		State PA		Zip Code (Plus 4) 18466		Description of Debt loan to campaign	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 1,500.00