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 : | Repor Filed I | | CANDI | COMM | | | ITTEE | √ | LOBI | BYIST | | | | | | |
|--|------------------------------|--------------|--------------------------|----------|-------------|-------|--------------|----------|-------------|------------|----------------------|----------------|----------|-----------|----------|-----|
| Name of Filing C | Committee, Cand | idate or L | obbyist: | <u> </u> | 1ADDE | N, MA | UREEN F | RIEND | S OF | FOR S | TATE RE | PRESEN | VITATI | Æ | | |
| Street Address: | PO BOX 118 | 36 | | | | | | | | | | | | | | |
| City: | STROUDSB | JRG | | | | | | | | | | | 3360 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PE PRIMARY | RE- | 2. | 30 DA | | POST- | 3. X | | AMENDMENT REPORT? | | Yes | No | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY P ELECTION | RE- | 5. | 30 DA | | POST- | 6. | | TERMINA REPORT | | Yes | No | • | / |
| report type) | ANNUAL REPOR | ?T 7. | Year 2022 | | | | NG METHO | | PAPER | | / | DISKE | TTE | | | |
| Name of Office S | Sought by Candi | date: | • | | | | DATE O | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Count | ty |
| | | | | | | | МО | DAY | YE | AR | 115 | STH | DEN | 1 | 45 | |
| REPRESENTATI | VE IN THE GEN | ERAL ASS | EMBLY | | | | 11 | | 8 | 2022 | | (SEE IN | STRUCTI | ONS FOR (| CODES) | |
| • | Receipts and | МО | DAY YE | AR | | | МО | DAY | YE | AR | FC | R OFFI | CE USE | ONLY | | |
| Expenditures | 5 Trom: | | 5 3 | 20 | 22 1 | 0 | 6 | | 6 | 2022 | | | | | | |
| A. Amount Bro | ught Forward Fr | om Last R | eport | | | \$ | | | 1,9 | 16.55 | | | | | | |
| B. Total Moneta | ary Contribution | s And Rec | eipts (From Scl | hed | ule I) | \$ | | | 5,2 | 222.00 | | | | | | |
| C. Total Funds | Available (Sum | Of Lines A | and B) | | | \$ | | | 7,1 | .38.55 | | | | | | |
| D. Total Expend | ditures (From S | chedule II | I) | | | \$ | | | 3,6 | 79.25 | | | | | | |
| E. Ending Cash | Balance (Subtra | act Line D | From Line C) | | | \$ | | | 3,4 | 59.30 | | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (From Sched | dule | e II) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligation | ns (From S | Schedule IV) | | | \$ | | | 1,5 | 00.00 | | | | | | |
| | | | AF | FI | DAVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee r | eport, trea | surer sign here | e. If | this is | a Car | ndidate re | eport, o | candio | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | | ncluding the | e attached schedu | les 1 | filed on | paper | or by elect | ronic m | edium, | , are to t | the best o | f my kno | wledge | and beli | ef , tru | ie, |
| Sworn to and subs | cribed before me t day of | his | 20 | | | | | | s | ignature | of Perso | n Submit | ting Rep | oort | | _ |
| | Signa | ture | | | | _ | | | | | Prin | ted Name | • | | | - |
| My Commission Ex | cpires | | | | | | | | | | Ema | il | | | | _ |
| | мо | D | AY Y | /R | | | | Ar | ea Cod | e | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a ca | ndidate's | authorized Con | nmi | ittee, C | andid | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | f my knowl | edge and belief tl | nis p | olitical | comm | ittee has n | ot viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333 | , |
| Sworn to and subsc | | is | | | | | | | | s | ignature o | of Candid | ate | | | - |
| | day of | | | | | _ | | | | | Printe | ed Name | | | | - |
| | Signatur | e | | | | - | | | | | | | | | | _ |
| My Commission Exp | oires | | | | | | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | _ | | Area | Code | | D | aytime T | elephor | ne 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: | <u>5/3/202</u> | <u>2</u> To: | 6/6/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 222.00 |
| 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 | J Period | (2) | \$ | 0.00 |
| 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) | | | \$ | 5,000.00 |
| TOTAL for the Reporting | J Period | (3) | \$ | 5,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | j Period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | nd enter am ge, Item B. | ount) | \$ | 5,222.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize onl with an aggregate val | | | | | | | |
|-------------------------|---|----------------|----|---------|--------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | Fr | om: | | То | : | |
| | | • | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus | 4) | | | | | |
| | • | • | | • | • | • | $\overline{}$ | PAGE TOTAL |

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 Filling Committee of Candidate | | | | Reporting Period From: To: | | | | |
|--|-------|-------------------|---|----------------------------|------|------|----|--------|
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | ١ | | | | | |

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 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 Cand | Name of Filing Committee or Candidate | | | | | riod | | | | |
|--|---------------------------------------|-----------|------|---------|---------|--------------|---------------|---------------------|----------|--|
| MADDEN, MAUREEN FRIENDS O | F FOR STATE REPRI | ESENTATIV | /E | Fror | n: | <u>5/3/2</u> | <u>022</u> To | To: <u>6/6/2022</u> | | |
| | | | | | D/ | ATE | | АМ | OUNT | |
| Full Name of Contributor Mark dodel | | | | | мо | DAY | YEAR | | | |
| Mailing 584 Hickory Valley Rd Address | | | | | _ | | | \$ | 5,000.00 | |
| City Stroudsburg State PA 18360 | | ; 4) | 5 | 24 | 2022 | | | | | |
| Employer Name none | | | | | Occupat | t ion | none | | | |
| Employer Mailing Address/Princip Business | al Place of | | City | | | State | | Zip Code | (Plus 4) | |
| none | | | none | | | PA | | 18360 | | |
| inter Grand Total of Part C on Schedule I, Detailed Summary Page, Sect | | | | Section | on 3. | | | PA | GE TOTAL | |
| | , | | , , | | | | | \$ | 5,000.00 | |

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 Car | ndidate | | Report | ing Perio | od | | | |
|---------------------------------|----------------------|----------------|---------|-----------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | A | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | | | | | |
| Enter Grand Total of Part E on | Schedule T. Detailed | d Summary Page | Section | 4 | | | P | AGE TOTAL |
| | 2, 200 0000 | | 22300 | | | | \$ | 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>5/3/2022</u> To: | 6/6/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| 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, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | Name of Filing Committee or Candidate Re | | | | Reporting 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 l | Period | | | |
|--|--------------|---------|------------|---------|--------|-----------|-----------|-------|---------|--------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | - \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | iptio | n of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | nedule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting P | Period | | |
|---|-------------|----------|-----|-----------------|
| MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE | From | 5/3/2022 | То: | <u>6/6/2022</u> |

| | | | | | | AMOUNT | | | | |
|------------------------------------|---|-----------------------------------|-------------------------------------|--------------------|---|--------|-------|--|--|--|
| To Whom Paid Mailchimp | | | мо | DAY | YEAR | | | | | |
| Mailing Address 675 PonceDeLeon A | Ave NE Ste500 | | 5 | 19 | 2022 | \$ | 92.22 | | | |
| City Atlanta | State Zip Code (Plus 4) GA 30308 | | | | Description of Expenditure email campaign | | | | | |
| To Whom Paid paya | | | МО | DAY | YEAR | | | | | |
| Mailing Address 12120 sunset hills | Mailing Address 12120 sunset hills rd ste 500 | | | | 2022 | \$ | 11.80 | | | |
| City Reston | Description of Expenditure advertising | | | | | | | | | |
| To Whom Paid amazon | | | МО | DAY | YEAR | | | | | |
| Mailing Address 410 Terry Ave N | | | 6 | 2 | 2022 | \$ | 63.92 | | | |
| City Seattle | State WA | Zip Code (Plus 4) 98109 | Description of Expenditure supplies | | | | | | | |
| To Whom Paid Act Blue | | | МО | DAY | YEAR | | | | | |
| Mailing Address 366 Summer St | | | 5 | 4 | 2022 | \$ | 28.54 | | | |
| City Somerville | State MA | Zip Code (Plus 4) 02144 | Descrip bank fe | otion of Exp | penditure | | | | | |
| To Whom Paid Act Blue | | | МО | DAY | YEAR | | | | | |
| Mailing Address 366 Summer St | | | 6 | 3 | 2022 | \$ | 82.17 | | | |
| City Somerville | State MA | Zip Code (Plus 4) 02144 | Descrip bank fe | otion of Exp ee | penditure | | | | | |

| To Whom Paid Vantiv | мо | DAY | YEAR | | | | | |
|---|--------------------------------------|---|--|---------------------------------|--|----|-------|--|
| Mailing Address 8500 Gove | 5 | 11 | 2022 | \$ | 23.6 | | | |
| City Cincinnati | Description of Expenditure Bank fee | | | | | | | |
| | ОН | 45249 | Ballk 10 | | | | | |
| To Whom Paid MALCOLM FOR PA PAC | мо | DAY | YEAR | | | | | |
| Mailing Address PO BOX 32 | 5 | 10 | 2022 | \$ | 100.0 | | | |
| City PHILADELPHIA State Zip Code (Plus 4) | | | | tion of Exp | enditure | | | |
| | PA | 19130 | contrib | | | | | |
| To Whom Paid MALCOLM FOR PA PAC | | | МО | DAY | YEAR | | | |
| Mailing Address PO BOX 32 | Mailing Address PO BOX 3254 | | | | | \$ | 100.0 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19130 | Description of Expenditure contribution | | | | | |
| | | | | | | | | |
| To Whom Paid MALCOLM FOR PA PAC | | | МО | DAY | YEAR | | | |
| | | | MO 5 | DAY 11 | YEAR 2022 | \$ | 100.0 | |
| Mailing Address PO BOX 32 | | Zip Code (Plus 4) | 5 | 11 | 2022 | \$ | 100.0 | |
| MALCOLM FOR PA PAC Mailing Address PO BOX 32 | 254 | | 5 | 11 otion of Exp | 2022 | \$ | 100.0 | |
| Mailing Address PO BOX 32 | 254 State | Zip Code (Plus 4) | 5 Descrip | 11 otion of Exp | 2022 | \$ | 100.0 | |
| MALCOLM FOR PA PAC Mailing Address PO BOX 32 City PHILADELPHIA To Whom Paid | State PA | Zip Code (Plus 4) | 5 Description | 11 otion of Exp ution | 2022 penditure | \$ | 100.0 | |
| MALCOLM FOR PA PAC Mailing Address PO BOX 32 City PHILADELPHIA To Whom Paid American Cancer society Mailing Address 2158 W Mailing Address | State PA | Zip Code (Plus 4) | 5 Description contribution MO 5 | DAY | 2022 Penditure YEAR 2022 | | | |
| MALCOLM FOR PA PAC Mailing Address PO BOX 32 City PHILADELPHIA To Whom Paid American Cancer society Mailing Address 2158 W Mailing Address | State PA ain St | Zip Code (Plus 4) 19130 | 5 Description contribution MO 5 | DAY 26 ption of Exp | 2022 Penditure YEAR 2022 | | | |
| MALCOLM FOR PA PAC Mailing Address PO BOX 32 City PHILADELPHIA To Whom Paid American Cancer society Mailing Address 2158 W Mailing Address | State PA ain St State | Zip Code (Plus 4) 19130 Zip Code (Plus 4) | Description MO 5 Description | DAY 26 ption of Exp | 2022 Penditure YEAR 2022 | | | |
| MALCOLM FOR PA PAC Mailing Address PO BOX 32 City PHILADELPHIA To Whom Paid American Cancer society Mailing Address 2158 W Ma City Stroudsburg | 254 State PA ain St State PA | Zip Code (Plus 4) 19130 Zip Code (Plus 4) | Description MO 5 Description Title Teacher | DAY 26 ption of Expution | 2022 Penditure YEAR 2022 Penditure | | | |
| MALCOLM FOR PA PAC Mailing Address PO BOX 32 City PHILADELPHIA To Whom Paid American Cancer society Mailing Address 2158 W Ma City Stroudsburg To Whom Paid Hope for PA | 254 State PA ain St State PA | Zip Code (Plus 4) 19130 Zip Code (Plus 4) | Description of the second of t | DAY 26 ption of Expution DAY | 2022 Penditure YEAR 2022 Penditure YEAR 2022 | \$ | 50.0 | |

| To Whom Paid Jacob Pride | | | МО | DAY | YEAR | | | | |
|--|-------------------------------------|-----------------------------------|--|-------------------------------------|--|----|--------|--|--|
| Mailing Address 5432 Deerfi | lailing Address 5432 Deerfield Dr | | | | | \$ | 600.00 | | |
| City East Stroudsburg | oudsburg PA Zip Code (Plus 4) 18301 | | | | Description of Expenditure consulting | | | | |
| To Whom Paid Michaels Crafts | МО | DAY | YEAR | | | | | | |
| Mailing Address 125 Radio Way | | | | 5 | 2022 | \$ | 80.21 | | |
| State Zip Code (Plus 4) PA 18360 | | | | Description of Expenditure supplies | | | | | |
| To Whom Paid bj wholesale | | | МО | DAY | YEAR | | | | |
| Mailing Address 250 pocono | ling Address 250 pocono commons | | | | | \$ | 54.45 | | |
| City stroudsburg | State PA | Zip Code (Plus 4) 18360 | | Description of Expenditure supplies | | | | | |
| | | | | | | | | | |
| To Whom Paid Party City | <u> </u> | | МО | DAY | YEAR | | | | |
| | Commons | | MO | DAY 5 | YEAR 2022 | \$ | 17.60 | | |
| Party City | Commons State PA | Zip Code (Plus 4) 18360 | 6 | 5 ition of Exp | 2022 | | 17.60 | | |
| Party City Mailing Address 101 Pocono | State | | 6 Descrip | 5 ition of Exp | 2022 | | 17.60 | | |
| Party City Mailing Address 101 Pocono City Stroudsburg To Whom Paid | State PA | | 6 Descrip supplie | 5 Ition of Exp | 2022 penditure | | 17.60 | | |
| Party City Mailing Address 101 Pocono City Stroudsburg To Whom Paid Lehigh Valley Print | State PA | | 6 Descrip supplie MO | 5 tion of Exp DAY 8 | 2022 Penditure YEAR 2022 | \$ | | | |
| Party City Mailing Address 101 Pocono City Stroudsburg To Whom Paid Lehigh Valley Print Mailing Address 1701 Union | State PA Blvd State | 18360 Zip Code (Plus 4) | 6 Descrip supplie MO 5 Descrip | 5 tion of Exp DAY 8 | 2022 Penditure YEAR 2022 | \$ | | | |
| Mailing Address 101 Pocono City Stroudsburg To Whom Paid Lehigh Valley Print Mailing Address 1701 Union City Allentown | State PA Blvd State PA | 18360 Zip Code (Plus 4) | 6 Description MO 5 Description printing | DAY 8 btion of Exp | 2022 Penditure YEAR 2022 Penditure | \$ | | | |

| To Whom Paid WalMart | | | | | DAY | YEAR | | | | | |
|---|---|-------------|--------------------------------|--|---|---|----|--|--------|--|--|
| Mailing Address 702 SW 8th St | | | | | 17 | 2022 | \$ | | 49.23 | | |
| City Bentonville State Zip Code (Plus 4) | | | | | Description of Expenditure | | | | | | |
| AK 72716 | | | | supplies | | | | | | | |
| To Whom Paid one and one | | | | | DAY | YEAR | | | | | |
| Mailing Address 701 Lee Rd Ste 300 | | | | | 9 | 2022 | \$ | | 10.47 | | |
| City Chesterbro | City Chesterbrook State Zip Code (Plus 4) | | | | tion of Exp | enditure | | | | | |
| 0.10000101 | | PA | 19087 | interne | | | | | | | |
| To Whom Paid sarah st grill | | | | МО | DAY | YEAR | | | | | |
| Mailing Address | Mailing Address 550 quaker ally | | | | | 2022 | \$ | | 181.49 | | |
| City Stroudsbu | City Stroudsburg State Zip Code (Plus 4) | | | | tion of Exp | enditure | | | | | |
| PA 18360 | | | | | meeting food | | | | | | |
| | | | | | | | | | | | |
| To Whom Paid Dunkin | | | | МО | DAY | YEAR | | | | | |
| | 529Pocono Blve | | | MO 5 | DAY 18 | YEAR 2022 | \$ | | 38.56 | | |
| Dunkin Mailing Address | | State | Zip Code (Plus 4) | 5 | 18 | 2022 | \$ | | 38.56 | | |
| Dunkin Mailing Address | | State PA | Zip Code (Plus 4) 18344 | 5 | 18 otion of Exp | 2022 | \$ | | 38.56 | | |
| Dunkin Mailing Address | | | | 5 Descrip | 18 otion of Exp | 2022 | \$ | | 38.56 | | |
| Dunkin Mailing Address City Mt Pocono To Whom Paid | | | | 5 Description | 18 otion of Exp g food | 2022 penditure | \$ | | 38.56 | | |
| Dunkin Mailing Address City Mt Pocono To Whom Paid mama marias Mailing Address | 265 us 611 | | | Description meeting MO | 18 otion of Exp g food DAY | 2022 Penditure YEAR 2022 | | | | | |
| Dunkin Mailing Address City Mt Pocono To Whom Paid mama marias Mailing Address | 265 us 611 | PA | 18344 | Description meeting MO | 18 otion of Exp g food DAY 18 otion of Exp | 2022 Penditure YEAR 2022 | | | | | |
| Dunkin Mailing Address City Mt Pocono To Whom Paid mama marias Mailing Address | 265 us 611 | PA | 18344 Zip Code (Plus 4) | Descrip | 18 otion of Exp g food DAY 18 otion of Exp | 2022 Penditure YEAR 2022 | | | | | |
| Dunkin Mailing Address City Mt Pocono To Whom Paid mama marias Mailing Address City Tobyhanna To Whom Paid | 265 us 611 | PA | 18344 Zip Code (Plus 4) | Descrip meeting MO 5 Descrip meeting | DAY 18 ption of Exp g food 18 ption of Exp g food | 2022 Penditure YEAR 2022 Penditure | | | | | |
| Dunkin Mailing Address City Mt Pocono To Whom Paid mama marias Mailing Address City Tobyhanna To Whom Paid Derailed | 265 us 611 | PA | 18344 Zip Code (Plus 4) | Descrip meeting MO 5 Descrip meeting MO 6 | DAY 18 Otion of Exp g food DAY 18 Otion of Exp g food DAY | 2022 YEAR 2022 Penditure YEAR 2022 | \$ | | 36.35 | | |

| To Whom Paid Barrett twpfire company | | | | DAY | YEAR | | |
|---|---|--------------------------------|---------------------------|---------|-----------|----|------------|
| Mailing Address 6690 PA 191 | 6 | 4 | 2022 | \$ | 100.00 | | |
| City Cresco | Description of Expenditure contribution | | | | | | |
| To Whom Paid Vantiv | | | мо | DAY | YEAR | | |
| Mailing Address 8500 Governor's Hill Dr | | | 5 | 31 | 2022 | \$ | 157.60 |
| City Symmes Township | State OH | Zip Code (Plus 4) 45249 | Descrip Process | ing fee | penditure | | |
| Enter Grand Total of Expenditure | es on Page 1 Pe | enort Cover Page Item D | | | | | PAGE TOTAL |
| Linter Granu Total of Expenditure | s on raye 1, Ke | port cover rage, item D. | • | | | \$ | 3,679.25 |

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 | | | | <u>5/3/2022</u> To: | | | | 6/6/2022 | |
| | | | | | DATE | | | Outstanding Balance of Debt | |
| Name of Creditor Maureen Madden | | | | МО | DAY | YEAR | | | |
| Mailing Address 7404 Ventnor Ave | | | | 6 | 6 | 2022 | \$ | 1,500.00 | |
| City Tobyhanna | State PA | Zip Code (Plu 18466 | us 4) | | committee | | | | |
| Enter Grand Total of Unpaid Debt | s on Page 1, Repo | ort Cover Pa | ge, Item | G. | | | \$ | PAGE TOTAL 1,500.00 | |