

# 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 PRIMARY	POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2023	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	DEM			
					11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		9	19	2023		10	23	2023			
A. Amount Brought Forward From Last Report					\$ 2,899.10						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 255.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 3,154.10						
D. Total Expenditures (From Schedule III)					\$ 2,598.86						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 555.24						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 9,500.00						

## 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>9/19/2023</u> To: <u>10/23/2023</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>	\$ 250.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 250.00

<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>	\$ 255.00
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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.**

<b>Name of Filing Committee or Candidate</b>  MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE	<b>Reporting Period</b>  <b>From:</b> <u>9/19/2023</u> <b>To:</b> <u>10/23/2023</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> Health Partners of Philadelphia PAC				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 901 Market St. Ste 500				10	23	2023	
<b>City</b> Philadelphia	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  19107					

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

<b>PAGE TOTAL</b>
\$ 250.00

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	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: <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			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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE		From: <u>9/19/2023</u> To: <u>10/23/2023</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>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

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# 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>9/19/2023</u> To: <u>10/23/2023</u>

DATE				AMOUNT		
To Whom Paid Act Blue			MO	DAY	YEAR	\$ 0.80
Mailing Address 366 Summer St			9	25	2023	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure bank fee			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address 812 Main St			9	29	2023	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure bank fee			
To Whom Paid Vantiv			MO	DAY	YEAR	\$ 0.70
Mailing Address 8500 Governors Hill Dr			10	18	2023	
City Cincinnati	State OH	Zip Code (Plus 4) 45249	Description of Expenditure bank fee			
To Whom Paid Friends of Mark Rozzi			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 165 Roja Ln			9	22	2023	
City Mertztown	State PA	Zip Code (Plus 4) 19539	Description of Expenditure contribution			
To Whom Paid HDCC			MO	DAY	YEAR	\$ 625.00
Mailing Address PO Box 555			9	28	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure contribution			

To Whom Paid Mailchimp			MO	DAY	YEAR	\$ 106.00
Mailing Address 675 PonceDeLeon Ave NE Ste500			9	19	2023	
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure email campaign			

To Whom Paid Mailchimp			MO	DAY	YEAR	\$ 106.00
Mailing Address 675 PonceDeLeon Ave NE Ste500			10	19	2023	
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure email campaign			

To Whom Paid Canva			MO	DAY	YEAR	\$ 12.99
Mailing Address 75 ESanta Clara St			9	19	2023	
City San Jose	State CA	Zip Code (Plus 4) 95113	Description of Expenditure telecommunications			

To Whom Paid Canva			MO	DAY	YEAR	\$ 12.99
Mailing Address 75 ESanta Clara St			10	20	2023	
City San Jose	State CA	Zip Code (Plus 4) 95113	Description of Expenditure telecommunications			

To Whom Paid Ionos			MO	DAY	YEAR	\$ 12.58
Mailing Address 701 Lee Rd Ste 300			10	10	2023	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure internet			

To Whom Paid Brodhead Watershed Association			MO	DAY	YEAR	\$ 60.00
Mailing Address PO Box 339			9	19	2023	
City Henryville	State PA	Zip Code (Plus 4) 18332	Description of Expenditure contribution			

<b>To Whom Paid</b> Jessica Rothchild - Scranton City Council			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 20238			10	5	2023	
<b>City</b> Scranton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18502	<b>Description of Expenditure</b> Contribution			

  

<b>To Whom Paid</b> Monroe County Young Democrats			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 18 S 9th St, Ste 103			10	11	2023	
<b>City</b> Stroudsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18360	<b>Description of Expenditure</b> Contribution			

  

<b>To Whom Paid</b> Monroe County Democratic Party			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 491			10	11	2023	
<b>City</b> Stroudsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18360	<b>Description of Expenditure</b> Contribution			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 2,598.86

**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

<b>Name of Filing Committee or Candidate</b>				<b>Reporting Period</b>			
MADDEN, MAUREEN FRIENDS OF FOR STATE REPRESENTATIVE				<b>From:</b> <u>9/19/2023</u> <b>To:</b> <u>10/23/2023</u>			

  

DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> Maureen Madden			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,000.00
<b>Mailing Address</b> 7404 Ventnor Ave			10	19	2022	
<b>City</b> Tobyhanna	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18466	<b>Description of Debt</b> loan to committee			
DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> Maureen Madden			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,500.00
<b>Mailing Address</b> 7404 Ventnor Ave			6	29	2021	
<b>City</b> Tobyhanna	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18466	<b>Description of Debt</b> loan to committee			
DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> Maureen Madden			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 3,000.00
<b>Mailing Address</b> 7404 Ventnor Ave			9	7	2023	
<b>City</b> Tobyhanna	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18466	<b>Description of Debt</b> loan to committee			
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>						<b>PAGE TOTAL</b> \$ 9,500.00