

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 :		20160035		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRITZ, JONATHAN FRIENDS OF												
Street Address: 16 LONG MEADOW DR												
City: HONESDALE						State: PA			Zip Code: 18431			
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	No	<input checked="" type="checkbox"/>		
	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 2016		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	REP			
						11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		9	20	2016		10	24	2016				
A. Amount Brought Forward From Last Report						\$		7,044.00				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		8,850.00				
C. Total Funds Available (Sum Of Lines A and B)						\$		15,894.00				
D. Total Expenditures (From Schedule III)						\$		5,349.00				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		10,545.00				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		7,500.00				

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
FRITZ, JONATHAN FRIENDS OF	From: <u>9/20/2016</u> To: <u>10/24/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 350.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 7,000.00
All Other Contributions (Part D)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 8,500.00

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.)	\$ 8,850.00
---	-------------

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 FRITZ, JONATHAN FRIENDS OF	Reporting Period From: <u>9/20/2016</u> To: <u>10/24/2016</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVT				MO	DAY	YEAR	\$ 250.00
Mailing Address 2 N 9TH ST				9	8	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101					

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

PAGE TOTAL
\$ 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
FRITZ, JONATHAN FRIENDS OF	From: <u>9/20/2016</u> To: <u>10/24/2016</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 100.00
IVAN AND ELAINE BURMAN				
Mailing Address 1507 PLONSKI ROAD				
City THOMPSON	State	Zip Code (Plus 4)		
	PA	18465		
	9	29	2016	

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 FRITZ, JONATHAN FRIENDS OF	Reporting Period From: <u>9/20/2016</u> To: <u>10/24/2016</u>
--	---

				DATE		AMOUNT	
Full Name of Contributing Committee PA REPUBLICAN CAUCUS OF COUNTY COMMISSION				MO	DAY	YEAR	\$ 500.00
Mailing Address 1207 CALKINS ROAD				9	8	2016	
City MILANVILLE	State PA	Zip Code (Plus 4) 18443					
Full Name of Contributing Committee PA COMMITTEE FOR AFFORDABLE HOUSING				MO	DAY	YEAR	\$ 500.00
Mailing Address 2509 N FRONT ST				7	20	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Committee NORTH EAST LEADERSHIP FUND				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 454 S MAIN ST				7	20	2016	
City WILKES BARRE	State PA	Zip Code (Plus 4) 18703					
Full Name of Contributing Committee COMMITTEE TO RE ELECT SANDRA MAJOR				MO	DAY	YEAR	\$ 5,000.00
Mailing Address PO BOX 363				10	24	2016	
City MONTROSE	State PA	Zip Code (Plus 4) 18801					

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

PAGE TOTAL
\$ 7,000.00

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 FRITZ, JONATHAN FRIENDS OF	Reporting Period From: <u>9/20/2016</u> To: <u>10/24/2016</u>
--	---

				DATE	AMOUNT			
Full Name of Contributor	MO	DAY	YEAR					
FRANK & SUSAN SARGENT Mailing Address 52 WINDING WALL DR <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City HAWLEY</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 18428</td> </tr> </table>	City HAWLEY	State PA	Zip Code (Plus 4) 18428	7	20	2016	\$	1,000.00
City HAWLEY	State PA	Zip Code (Plus 4) 18428						
Employer Name RETIRED				Occupation				
Employer Mailing Address/Principal Place of Business		City		State	Zip Code (Plus 4)			

Full Name of Contributor MICHAEL CAVAGE Mailing Address 29 GALLIK ROAD <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City WAYMART</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 18472</td> </tr> </table>	City WAYMART	State PA	Zip Code (Plus 4) 18472	10	25	2016	\$	500.00
City WAYMART	State PA	Zip Code (Plus 4) 18472						
Employer Name PIONEER CONSTRUCTION				Occupation OWNER				
Employer Mailing Address/Principal Place of Business 3298 LAKE ANEL HWY		City HONESDALE		State PA	Zip Code (Plus 4) 18431			

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

PAGE TOTAL
\$ 1,500.00

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

Name of Filing Committee or Candidate		Reporting Period	
FRITZ, JONATHAN FRIENDS OF		From: <u>9/20/2016</u> To: <u>10/24/2016</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:
---------------------------------------	--

			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

5/16/2024 7:46:51 PM

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRITZ, JONATHAN FRIENDS OF	From <u>9/20/2016</u> To: <u>10/24/2016</u>

DATE				AMOUNT		
To Whom Paid WELLS FARGO CARD SVCS			MO	DAY	YEAR	\$ 4,434.00
Mailing Address 420 MONTGOMERY ST			5	31	2016	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94104	Description of Expenditure POSTAGE, SUPPLIES, EXPRESS DELIVERY			
To Whom Paid COUNTY TRANSCRIPT			MO	DAY	YEAR	\$ 166.00
Mailing Address 36 EXCHANGE ST			6	1	2016	
City SUSQUEHANNA	State PA	Zip Code (Plus 4) 18847	Description of Expenditure ADVERTISING			
To Whom Paid WELLS FARGO CARD SVCS			MO	DAY	YEAR	\$ 749.00
Mailing Address 420 MONTGOMERY ST			6	29	2016	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94104	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$ 5,349.00

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 FRITZ, JONATHAN FRIENDS OF				Reporting Period From: <u>9/20/2016</u> To: <u>10/24/2016</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor JONATHAN FRITZ				MO	DAY	YEAR	\$ 7,500.00
Mailing Address 101 BEECHNUT RD							
City HONESDALE	State PA	Zip Code (Plus 4) 18431		Description of Debt CAMPAIGN LOAN			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 7,500.00