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 :	ion	20180	C0965			Repor Filed		CANDI	DATE	\checkmark	co	OMMITTEI		LOBI	BYIST		
Name of Filing C	Committee, C	Candida	ate or L	obbyist:		JONAT	HAN A	FRITZ									
Street Address:																	
City:								State:				Zip Code: 18431					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	AY PRE	- 2. X	30 D/ PRIM		POST- 3.			AMENDMENT REPORT?		Yes	No		
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.					AY F TION	POST-	6.		TERMINA REPORT?	TERMINATION REPORT?		No	 Image: A start of the start of	
report type)	ANNUAL RE	PORT	7.	Year 2018				NG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:								DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code	
REPRESENTATIVE IN THE GENERAL ASSEMBLY																	
REPRESENTATIVE IN THE GENERAL ASSEMBLT								11		6	2018		(SEE INS	STRUCTI	ONS FOR	CODES)	
Summary of		and	мо	DAY	YEAF	2		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:			3 27	7 2	018	Ю	4		30	2018						
A. Amount Bro	ught Forwar	d From	n Last R	eport			\$			(7,500	.00)]					
B. Total Monet	ary Contribu	itions A	And Rec	eipts (Fron	n Sche	edule I)	\$			7,50	0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (Fro	m Sche	edule II	I)			\$				0.00						
E. Ending Cash	Balance (Su	ubtract	Line D	From Line	C)		\$				0.00						
F. Value Of In-	Kind Contrib	outions	Receiv	ed (From S	Schedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Oblig	ations	(From S	Schedule I\	/)		\$				0.00						
					AFF	IDAV	IT SE	CTION									
PART I - If this is		-	-	_								-					
I swear (or affirm correct and compl) that this repo ete.	ort, inclu	uding the	e attached so	hedule	s filed or	i paper	or by elect	ronic me	edium, a	re to	the best of	my knov	vledge	and beli	ef , true	
Sworn to and subs	day of	me this		20						Sig	natur	e of Person	Submitt	ing Rep	oort		
		Signatur	e				_					Print	ed Name				
My Commission E	xpires											Email	I				
	мо		D	AY	YR				Are	ea Code		Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized	l Comr	nittee, (Candid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amendo		est of m	y knowle	edge and bel	ief this	o political	comm	iittee has n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subso	cribed before n day of	ne this		20					·		s	ignature o	f Candida	ite			
												Printeo	d Name				
My Commission Exp	-	nature					_					Emai	1				
							_										
	I	мо	D	AY	YF	2			Area	Code		Da	ytime Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JONATHAN A FRITZ From: <u>3/27/2018</u> To: 4/30/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 7,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 7,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 7,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Re	porting	Period			
Fro				om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

\$

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 Candidat	e		Rep Froi	orting P m:	eriod	То):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00								

PAGE 5

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 Can	Reporting	9 Period						
JONATHAN A FRITZ		From:	From: <u>3/27/2018</u> To: <u>4/30/20</u>					
				DA	TE		А	MOUNT
Full Name of Contributing Comm FRIENDS OF JONATHAN FRITZ	ittee			мо	DAY	YEAR		
Mailing Address 16 LONG ME	ADOW DRIVE						\$	7,500.00
City HOMESDALE	State PA	Zip Cod 18431	e (Plus 4)	2	14	2018		
Enter Grand Total of Part C or	n Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	PAGE TOTAL 7,500.00

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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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			Report	ing Perio	d				
Fr			From:	From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		1				1			
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ΓAL
		iiai y i uge,	Section				\$		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		
JONATHAN A FRITZ	From:	<u>3/27/2018</u> To:	<u>4/30/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Candidate R			Reporting	Period			
	From:			То:			
				DATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	Mailing Address					\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.				mary Pag	je,	PAGE	TOTAL
					4	5	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of City State Business				State		Zip Code(Plus 4) Description			ption of	f Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From						
		AMOUNT					
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	City State Zip Code (Plus 4)			otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
	Ji Page 1, Report C	over Page, Item I				\$	0.00