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 :	on	20160	0035			Rep File			CA	NDII	DATE		COMM	4ITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee	e, Candida	ite or Lo	obbyist:		FRIE	ND:	S OF	JONA	THA	N FRI	ΓZ							
Street Address:	16 L0	ONG MEA	DOW D	R															
City:	HONE	ESDALE							State	e:	PA			Zip Cod	le: 18	431			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes		lo	/
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA	AY PRE	- 5	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	lo	\
report type)	ANNUAL	REPORT	7. X	Year 2018	ł				NG ME					PAPER		\	DISK	ETTE	
Name of Office S	- Sought by	Candidat	e:						DAT	ΕO	F ELE	СТІС	N	District Number	Office Code	Pa	rty Cod	e Coui	
									МО		DAY	ΥI	AR			RE	P		
										11		6	2018		(SEE IN	STRUCT	ONS FO	R CODES	5)
Summary of		and	МО	DAY	YEAR	1			МО		DAY	YI	EAR	FO	R OFFIC	E USI	ONL	1	
Expenditures	from:		1	11 27	7 2	018	T	0		12		31	2018						
A. Amount Bro	ught Forv	vard From	Last R	eport				\$				30,9	938.00	1					
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (Fror	n Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$				30,9	938.00								
D. Total Expenditures (From Schedule III)						\$				2,5	593.00								
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				28,3	45.00						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	Schedu	le II)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule I\	V)			\$					0.00						
					AFF	IDA	VI	ΓSE	CTIC	NC									
PART I - If this is	s a Comm	ittee repo	rt, trea	surer sign	here.	[f thi	s is	a Car	ndidat	e re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attached so	hedule	filed	l on	paper	or by e	electr	onic m	edium	, are to t	the best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo	ore me this		20								S	Signature	of Perso	n Submitt	ing Re	port		
		Signatur						• •						Prin	ted Name)			_
My Commission Ex	pires	Signatui	•											Ema	il				-
	•	мо	D/	AY	YR			-		,	Are	ea Coc	le	Daytim	e Teleph	one Ni	ımber		
Part II- If this is	a report	of a cand	idate's	authorized	l Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and bel	ief this	politi	ical	comm	ittee h	as no	ot viola	ted an	y provis	ions of the	e act of Ju	ıne 3,1	1937 (P	.L. 133	3,
Sworn to and subsc		re me this											s	ignature o	of Candida	ate			-
	day of —							-						Drinto	d Name				_
		Signature						-										_	_
My Commission Exp		3								•				Ema	il				
	_	мо	D	AY	YR						Area Code Daytime Telephone Number					ber	_		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JONATHAN FRITZ	From:	11/27/20	<u>18</u> To:	12/31/2018
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)			\$	0.00
All Other Contributions (Part B)			\$	0.00
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

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 Filing Committee of Candidate			Rep Fro					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 Candidat	e		Reporting	Period				
			From:			То:		
				DA	TE		Δ	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sch	nedule I, Detai	led Summary P	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 Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	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 Per	iod	
FRIENDS OF JONATHAN FRITZ	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			To:	
				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 Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reportir	ng Period			
FRIENDS OF JONATHAN FRIT.			From		7/2018	То:	12/31/2018
				DATE			AMOUNT
To Whom Paid LINDA O HARA			мо	DAY	YEAR		
Mailing Address 74 ROCKY	VIEW DR		12	3	2018	\$	41.00
City HAWLEY	State Zip Code (Plus 4) PA 18428			otion of Exp			
To Whom Paid HONESDALE FRIENDS OF WRESTLING				DAY	YEAR		
Mailing Address 23 FORDS RD				3	2018	\$	50.00
City HONESDALE	HONESDALE State Zip Code (Plus 4) PA 18431				enditure		
To Whom Paid U S POSTAL SVC	·		мо	DAY	YEAR		
Mailing Address 744 TEXAS	S PALMYRA HWY		12	11	2018	\$	54.00
City WHITE MILLS	State PA	Zip Code (Plus 4) 18473	1	otion of Exp			
To Whom Paid WAYNE MEMORIAL AUXILIARY	,		МО	DAY	YEAR		
Mailing Address 506 COVER	RED BRIDGE DR		12	11	2018	\$	270.00
City LAKEVILLE	State PA	Zip Code (Plus 4) 18438		otion of Exp			
To Whom Paid WAYNE COUNTY FARM BUREA	U		мо	DAY	YEAR		
Mailing Address PO BOX 87	736		12	12	2018	\$	75.00
ty CAMP HILL State Zip Code (Plus 4)				otion of Exp	enditure		

17001

PΑ

MEMBERSHIP

To Whom Paid SUSQUEHANNA CTY FARM BURI	EAU		мо	DAY	YEAR		
Mailing Address PO BOX 873	6		12	12	2018	\$	75.00
City CAMP HILL	State PA	Zip Code (Plus 4) 17001	Descrip MEMBE	ntion of Exp RSHIP	penditure		
To Whom Paid WELLS FARGO SVCS			МО	DAY	YEAR		
Mailing Address PO BOX 770	53		12	26	2018	\$	1,528.00
City MINNEAPOLIS	State MN	Zip Code (Plus 4) 55480		otion of Exp			IDAY EVENT
To Whom Paid BILL DES ROSIERS			МО	DAY	YEAR		
Mailing Address 8207 SR 29			12	26	2018	\$	200.00
City MONTROSE	State PA	Zip Code (Plus 4) 18801		otion of Exp			
To Whom Paid HRCC	·	·	мо	DAY	YEAR		
Mailing Address PO BOX 117	87		12	26	2018	\$	300.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108		otion of Exp LICAN CAU			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item [F \$	2,593.00