

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: FRIENDS OF JONATHAN FRITZ												
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.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2021	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	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	19	2021		11	22	2021				
A. Amount Brought Forward From Last Report						\$ 57,602.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,535.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 59,137.00						
D. Total Expenditures (From Schedule III)						\$ 14,799.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 44,338.00						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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
FRIENDS OF JONATHAN FRITZ	From: <u>10/19/2021</u> To: <u>11/22/2021</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)	\$ 750.00
All Other Contributions (Part B)	\$ 285.00
TOTAL for the Reporting Period (2)	\$ 1,035.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 300.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 300.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 200.00

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.)	\$ 1,535.00
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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.

Name of Filing Committee or Candidate FRIENDS OF JONATHAN FRITZ	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</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 PA ASSOC OF NURSE ANESTHETISTS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 403 N 2ND ST			11	8	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee ENERGY TRANSFER PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 400 W 15TH ST			11	8	2021	
City AUSTIN	State TX	Zip Code (Plus 4) 78701				

Full Name of Contributing Committee INDEPENDENCE BLUE CROSS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1901 MARKET ST			11	8	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

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

PAGE TOTAL
\$ 750.00

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 FRIENDS OF JONATHAN FRITZ	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</u>
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DATE	AMOUNT
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Full Name of Contributor PAUL R LYON			MO	DAY	YEAR	\$ 100.00
Mailing Address 515 SIMERRELL RD			11	8	2021	
City N ABINGTON TWP	State PA	Zip Code (Plus 4) 18411				

Full Name of Contributor DONALD E OLSOMMER			MO	DAY	YEAR	\$ 85.00
Mailing Address 321 SPRING HILL RD			11	8	2021	
City MOSCOW	State PA	Zip Code (Plus 4) 18444				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JAMES J LABAR							
Mailing Address 131 OWEGO TPKE				11	8	2021	
City	WAYMART	State	Zip Code (Plus 4)				
		PA	18472				

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

PAGE TOTAL
\$ 285.00

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
FRIENDS OF JONATHAN FRITZ	From: <u>10/19/2021</u> To: <u>11/22/2021</u>

DATE				AMOUNT
Full Name of Contributing Committee				
PA OPHTHALMOLOGY PAC				
Mailing Address				
200 N 3RD ST SUITE 1500				
City	State	Zip Code (Plus 4)		
HARRISBURG	PA	17101		
		11	8	2021
				\$ 300.00

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

PAGE TOTAL
\$ 300.00

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: To:

				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.

PAGE TOTAL
\$ 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 FRIENDS OF JONATHAN FRITZ	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</u>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 200.00
HONESDALE FRIENDS OF FOOTBALL						
Mailing Address						
City	State	Zip Code (Plus 4)	11	22	2021	
Receipt Description 180 DAY OLD CHECK OS REVERSED						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 200.00

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	
FRIENDS OF JONATHAN FRITZ		From: <u>10/19/2021</u> To: <u>11/22/2021</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 RECEIVED - 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:
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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.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$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)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JONATHAN FRITZ	From <u>10/19/2021</u> To: <u>11/22/2021</u>

DATE				AMOUNT		
To Whom Paid BAILEY ADVERTISING			MO	DAY	YEAR	\$ 250.00
Mailing Address 3305 LAKE ARIEL HWY			10	19	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure VESTSOCK PROGRAM AD			
To Whom Paid WAYNE CTY COUNCIL OF REPUBLICAN WOMEN			MO	DAY	YEAR	\$ 280.00
Mailing Address 51 OCONNELL DR			10	19	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure PROGRAM AD & DINNER			
To Whom Paid LUKANS FARM RESORT			MO	DAY	YEAR	\$ 6,700.00
Mailing Address 539 LONG RIDGE RD			10	19	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure FUNDRAISER EVENT			
To Whom Paid CHAMBER OF THE NORTHERN POCONOS			MO	DAY	YEAR	\$ 180.00
Mailing Address 2512 RTE 6			10	20	2021	
City HAWLEY	State PA	Zip Code (Plus 4) 18428	Description of Expenditure BANQUET			
To Whom Paid WELLS FARGO CARD SVCS			MO	DAY	YEAR	\$ 1,369.00
Mailing Address PO BOX 77053			10	20	2021	
City MINNEAPOLIS	State MN	Zip Code (Plus 4) 55480	Description of Expenditure DINNER FOR VOTERS & SUPPORTERS			

To Whom Paid SUSQUEHANNA RECREATION CTR			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 122			10	22	2021	
City MONTROSE	State PA	Zip Code (Plus 4) 18801	Description of Expenditure DONATION			
To Whom Paid BOLD GOLD BROADCAST FOUNDATION			MO	DAY	YEAR	\$ 750.00
Mailing Address 575 GROVE ST			10	22	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure EVENT SPONSOR			
To Whom Paid HONESDALE INTL WRESTLING CLUB			MO	DAY	YEAR	\$ 125.00
Mailing Address 728 OREGON TPKE			10	22	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure EVENT SPONSOR			
To Whom Paid HONESDALE FRIENDS OF THE OPERETTA			MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 142			10	22	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure PROGRAM AD			
To Whom Paid WAYNE CTY REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$ 688.00
Mailing Address PO BOX 58			10	23	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure DONATION FOR NEWS AD			
To Whom Paid WELLS FARGO CARD SVCS			MO	DAY	YEAR	\$ 2,097.00
Mailing Address PO BOX 77053			11	21	2021	
City MINNEAPOLIS	State MN	Zip Code (Plus 4) 55480	Description of Expenditure CONSTITUENT ENGAGEMENT			

To Whom Paid HONESDALE FRIENDS OF WRESTLING			MO	DAY	YEAR	
Mailing Address 728 OREGON TPKE			11	21	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure PROGRAM AD			

To Whom Paid SEWAH STUDIOS			MO	DAY	YEAR	
Mailing Address PO BOX 298			11	21	2021	
City MARIETTA	State OH	Zip Code (Plus 4) 45750	Description of Expenditure WINTER WONDERLAND SIGN			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 14,799.00

