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 :		Repo			CANDI	DATE		СОМ	4ITTEE	√	LOBE	SYIST					
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	NDS	OF.	JONATHA	AN FRI	TZ							
Street Address:	16 LONG MEA	DOM D	RIVE														
City:	HONESDALE		_					State:	PA			Zip Code: 18431					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	Ē- 5.		30 DA		POST- 6. TERMINATION Yes REPORT?						No	\	
report type)	ANNUAL REPORT	7. X	Year 2021					NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	
								МО	DAY	YE	AR		10000	REP			
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	2			МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:	1	11 23	2	021	T	0	12		31	2021						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	_		44,3	38.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			44,3	38.00						
D. Total Expend	ditures (From Scho	edule II	I)				\$			1,1	24.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (E)			\$			43,2	14.00						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1			
				AFF	'IDA'	VIT	SE	CTION									
	s a Committee rep	•															
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	s filed	on p	aper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	cribed before me this day of	1	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	ro	-				•					Prin	ted Name	e			
My Commission Ex	•											Ema	il				
	мо	D/	ΑY	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	, Ca	ndid	ate shall	hall sign here.								
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politio	cal	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this								Signature of Candidate								
	day of						•					Printe	d Name				
	Signature																
My Commission Exp	ires											Ema	il				
	МО	D/	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JONATHAN FRITZ	From:	11/23/202	<u>1</u> To:	12/31/2021
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 an 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 only with an aggregate valu	-			•			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		DACE TOTAL

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

PAGE TOTAL \$ 0.00	
\$	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 Fining Committee of Candidate					Reporting Period From: To:				
					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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	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 Candidate	Reporting Period								
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Peri	od	
FRIENDS OF JONATHAN FRITZ	From:	11/23/2021 To :	12/31/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidat	:e		Reporting	g Period			
	Fro						
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate					porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
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	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
FRIENDS OF JONATHAN FRITZ	From	11/23	<u>12/31/2021</u>							
				DATE			AMOUNT			
To Whom Paid WELLS FARGO CARD SVCS			мо	DAY	YEAR					
Mailing Address PO BOX 77053			12	20	2021	\$	1,124.00			
City MINNEAPOLIS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
MN				BUREAU SP ITUENTS	ONSOR/	DINNER V	VITH			