Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20160035 Number :					Rep File						ITTEE	✓	LOBE	SYIST			
Name of Filing C	Committee, Candi	date or L	obbyist:	Ī	RIE	ND:	S OF .	JONATH	AN FRI	TZ CI	C		_				
Street Address:	16 LONG ME	ADOW D	R														
City:	HONESDALE							State:	PA			Zip Cod	ie: 18	3431			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	- 5	5.	30 DA ELECT		POST-	POST- 6.			ATION ?	Yes	No	~	
report type)	ANNUAL REPORT	7. X	Year 2022					IG METH CHECK (PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candida	nte:	•					DATE (OF ELE	CTIC)N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YI	AR	11020.	10000	REP			
								1	1	8	2022	(SEE INSTRUCTIONS FOR CODES)					
	Receipts and	МО	DAY YE	AR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	11 29 2022 TO 12 31 2022							2022									
A. Amount Bro	A. Amount Brought Forward From Last Report \$ 21,971.0								971.00								
B. Total Monetary Contributions And Receipts (From Schedule I) \$									0.00								
C. Total Funds Available (Sum Of Lines A and B) \$ 21,971.0								971.00									
D. Total Expend	ditures (From Sch	edule II	I)				\$			5,8	378.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			16,0	93.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From	Schedule IV)				\$				0.00			•			
			Al	13	ΙDΑ	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I	f thi	is is	a Can	ididate i	eport,	candi	date sig	ın here.					ı
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached schedu	iles	filed	l on	paper (or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true	
Sworn to and subs	cribed before me th day of	is	20							5	Signature	of Perso	n Submit	ting Rep	ort		
	Signat	ire					- -					Prin	ted Name	e			
My Commission Ex	_											Emai	il				ı
	мо	D	AY Y	/R					Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber		J
Part II- If this is	a report of a can	didate's	authorized Cor	nm	ittee	e, C	andida	ate shal	e shall sign here.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief tl	his	politi	ical	commi	ittee has	not viola	ted ar	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,	l
Sworn to and subsc	ribed before me this	:									s	ignature o	of Candid	ate			
	day of 						-					Drint-	d Name				
	Signature						-										
My Commission Exp	-										_	Ema	il				
	МО	D	AY	YR			•		Area	Code		Daytime Telephone Number					

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JONATHAN FRITZ CPC	From:	11/29/202	2 <u>2</u> To:	12/31/2022
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		Reporting 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 or Cand	Name of Filling Committee of Candidate			Reporting Period				
			Fro	m:		To):	
					DATE		АМ	OUNT
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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
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/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	bd			
			From:			To:		
				D	ATE		AM	OUNT
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			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 CPC	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting 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 Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	nme of Filing Committee or Candidate				Reporting Period					
FRIENDS OF JONATHAN FRITZ CPC			From			9/2022	То:	12/31/2022		
				DATE AN						
To Whom Paid HONESDALE LIONS CLUB			МО	ı	DAY	YEAR				
Mailing Address 151 LAUREL HILL R	LD.		17	2	20	2022	\$	250.00		
City HONESDALE State PA 2ip Code (Plus 4) 18431				Description of Expenditure EVENT SPONSOR						
To Whom Paid CAMP FREEDOM				ı	DAY	YEAR				
Mailing Address 284 #7 ROAD			1:	2	20	2022	\$	750.00		
City CARBONDALE	State PA	Zip Code (Plu 18407	Desc	Description of Expenditure EVENT SPONSOR						
To Whom Paid TEA TIME ART STUDIO			МО	ı	DAY	YEAR				
Mailing Address 60 E TIOGA ST			17	2	20	2022	\$	450.00		
City TUNKHANNOCK	State PA	Zip Code (Plu 18431	Desc		ion of Exp					
To Whom Paid WELLS FARGO CARD SVCS				ı	DAY	YEAR				
Mailing Address PO BOX 77053			1:	2	15	2022	\$	3,978.00		
ity MINNEAPOLIS State MN 55480			Desc		ion of Exp			P SPONSOR		

Mailing Address 284 #7 ROAD			12	20	2022	\$	750.00		
City CARBONDALE	State PA	Zip Code (Plus 4) 18407	1	Description of Expenditure EVENT SPONSOR					
To Whom Paid TEA TIME ART STUDIO			МО	DAY	YEAR				
Mailing Address 60 E TIOGA ST			12	20	2022	\$	450.00		
City TUNKHANNOCK PA State PA 18431				otion of Exp PRIZE SPO					
To Whom Paid WELLS FARGO CARD SVCS			мо	DAY	YEAR				
Mailing Address PO BOX 77053			12	15	2022	\$	3,978.00		
City MINNEAPOLIS	State MN	Zip Code (Plus 4) 55480	1	Description of Expenditure VICTORY NIGHT AND SCHOOL TRIP SPONSOR					
To Whom Paid SCOTT MILLER	·		МО	DAY	YEAR				
Mailing Address 99 BEECHNUT F	RD		12	12	2022	\$	250.00		
City HONESDALE State PA 18431		Description of Expenditure SOCIAL MEDIA ASSISTANCE							

							PAGE 12
To Whom Paid HONESDALE FRIENDS OF WRESTLING Mailing Address 4 GREEN ACRES			мо	DAY	YEAR		
			12	2	2022	\$	200.00
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure AD IN PROGRAM				
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 5,878.00