

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		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JONATHAN FRITZ													
Street Address: 16 LONG MEADOW DRIVE													
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.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR	REP				
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY				
		3	5	2024		4	8	2024					
A. Amount Brought Forward From Last Report					\$ 26,628.00								
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 2,300.00								
C. Total Funds Available (Sum Of Lines A and B)					\$ 28,928.00								
D. Total Expenditures (From Schedule III)					\$ 14,504.00								
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 14,424.00								
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>3/5/2024</u> To: <u>4/8/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 50.00

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)	\$ 1,250.00
TOTAL for the Reporting Period (2)	\$ 1,250.00

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)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,300.00
---	-------------

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>3/5/2024</u> To: <u>4/8/2024</u>
---	--

DATE	AMOUNT
-------------	---------------

Full Name of Contributor			MO	DAY	YEAR	\$	200.00
AKISTA SRAN							
Mailing Address			2	26	2024		
25 WASHINGTON LANE							
City	WYNCOTE	State	PA	Zip Code (Plus 4)	19095		

Full Name of Contributor CHRISTINA GILLOW				MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 310				2	26	2024	
City WAYMART	State PA	Zip Code (Plus 4) 18472					

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
BEVERLY STEPNIAK						
Mailing Address 156 OAKLEY RD			2	26	2024	
City HOP BOTTOM	State PA	Zip Code (Plus 4) 18824				

Full Name of Contributor FRANCS SZWIELESKI					MO	DAY	YEAR	\$ 250.00		
Mailing Address 199 WOODLAND VIEW					2	26	2024			
City BEACH LAKE		State PA	Zip Code (Plus 4) 18405							

Full Name of Contributor BRAD SPARKS					MO	DAY	YEAR	\$ 250.00
Mailing Address 729 PLEASANT WAY					2	26	2024	
City	UNIONDALE	State	Zip Code (Plus 4)					
		PA	18470					

Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
PAIGE CORSO						
Mailing Address			2	26	2024	
17 DEER LANE						
City	HOMESDALE	State				
		PA				
		Zip Code (Plus 4)				
		18431				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
COURTNEY MCCALL						
Mailing Address			2	26	2024	
800 E. WHITE BEAR DR						
City	SUMMIT HILL	State				
		PA				
		Zip Code (Plus 4)				
		18250				

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

PAGE TOTAL
\$ 1,250.00

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	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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 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 FRIENDS OF JONATHAN FRITZ	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
---	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
JAMES DEOM							
Mailing Address 42 VICTORS WAY				2	26	2024	\$ 1,000.00
City SUGARLOAF	State PA	Zip Code (Plus 4) 18249					
Employer Name POTTSTVILLE EYE SPECIALIST				Occupation OPTOMETRIST			
Employer Mailing Address/Principal Place of Business 541 W BACON ST			City POTTSTVILLE		State PA	Zip Code (Plus 4) 17901	

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

PAGE TOTAL
\$ 1,000.00

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>3/5/2024</u> To: <u>4/8/2024</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 RECIEVED - 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:
---------------------------------------	--

			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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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>3/5/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT		
To Whom Paid WELLS FARGO CARD SVCS			MO	DAY	YEAR	\$ 3,853.00
Mailing Address PO BOX 77053			3	21	2024	
City MINNEAPOLIS	State MN	Zip Code (Plus 4) 55480	Description of Expenditure COMMITTEE DINNER DONOR OUTREACH			
To Whom Paid FRIENDS OF HONESDALE BASEBALL			MO	DAY	YEAR	\$ 100.00
Mailing Address 482 GROVE ST			2	24	2024	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure EVENT SPONSOR			
To Whom Paid HRCC			MO	DAY	YEAR	\$ 500.00
Mailing Address 500 N 3RD ST			3	2	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure EVENT SPONSOR			
To Whom Paid WESLEY CAMPBELL			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 27390 S.R. 267			2	11	2024	
City FRINDSVILLE	State PA	Zip Code (Plus 4) 18818	Description of Expenditure ORGANIZATION SPONSOR			
To Whom Paid BLUERIDGE BASKETBALL BOOSTER CLUB			MO	DAY	YEAR	\$ 250.00
Mailing Address 141 RANDOLPH ST			2	18	2024	
City GREAT BEND	State PA	Zip Code (Plus 4) 18821	Description of Expenditure DINNER SPONSOR			

To Whom Paid SUSQUEHANNA FARM BUREAU			MO	DAY	YEAR	\$ 100.00
Mailing Address 537 PLONSKI ROAD			3	25	2024	
City THOMPSON	State PA	Zip Code (Plus 4) 18465	Description of Expenditure PROGRAM AD			

To Whom Paid HONESDALE LIONS CLUB			MO	DAY	YEAR	\$ 250.00
Mailing Address #5 LAUREL HILL ESTATES			1	2	2024	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure BONANZA SPONSOR			

To Whom Paid WAYNE COUNTY REPUBLICAN CMNTTEE			MO	DAY	YEAR	\$ 125.00
Mailing Address PO BOX 58			1	8	2024	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure DONATION			

To Whom Paid WAYNE COUNTY REPUBLICAN PARTY			MO	DAY	YEAR	\$ 585.00
Mailing Address PO BOX 58			1	18	2024	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure EVENT SPONSOR			

To Whom Paid WELLS FARGO CARD SVCS			MO	DAY	YEAR	\$ 3,207.00
Mailing Address PO BOX 77053			1	24	2024	
City MINNEAOLIS	State MN	Zip Code (Plus 4) 55480	Description of Expenditure CAMPAIGN MATERIALS & DINNERS			

To Whom Paid HONESDALE HOSE CO #1			MO	DAY	YEAR	\$ 250.00
Mailing Address 540 MAIN ST			2	5	2024	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure EVENT SPONSORS			

To Whom Paid WAYNE PIKE FARM BUREAU			MO	DAY	YEAR	
Mailing Address 62 SKYVIEW LANE			2	23	2024	
City HAWLEY	State PA	Zip Code (Plus 4) 18428	Description of Expenditure PROGRAM AD			

To Whom Paid RUSH VOLUNTEER FIRE DEPT			MO	DAY	YEAR	
Mailing Address 11084 S. R. 261			2	17	2024	
City LAWTON	State PA	Zip Code (Plus 4) 18828	Description of Expenditure EVENT SPONSOR			

To Whom Paid WELLS FARGO CARD SVCS			MO	DAY	YEAR	
Mailing Address PO BOX 77053			2	23	2024	
City MINNEAPOLIS	State MN	Zip Code (Plus 4) 55480	Description of Expenditure CAMPAIGN FUNDRAISERS & TRAVEL			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 14,504.00

