#### **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 2005	289			Rep File			CANE	DIDAT	Έ		COMM	IITTEE	✓	LOBE	YIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		CUTI	LER,	, BRY	AN FRI	ENDS	OF								
Street Address:	P O BOX 624																	
City:	QUARRYVILLE							State:	PA	PA			<b>Zip Code:</b> 17566-1104					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2		30 DA		POST	POST- 3. <b>X</b>			AMENDM REPORT?		Yes	No	1	<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	≣- 5	5.	30 DA		POST	·- 6			TERMINA REPORT?		Yes	No		<b>√</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2014						G METHOD PAPER CHECK ONE						DISKETTE			
Name of Office S	Sought by Candida	te:	-		-			DATE	OF E	LECT	ΓΙΟΝ	<b>N</b>	District Number	Office Code	Par	ty Code	Cour	
								МО	DA	Y	YE/	AR	100	STH	REP		36	
REPRESENTATI	VE IN THE GENER	AL ASS	EMBLY					1	1	4		2014		(SEE IN	STRUCTIO	ONS FOR	CODES	)
Summary of Receipts and MO DAY YEAR MO							мо	DA	Y	YEA	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		5 6	2	014	T	0		6	ç	)	2014						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				7,44	43.52						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				7,44	43.52						
D. Total Expen	ditures (From Sch	edule II	I)				\$				3,01	l1.54						
E. Ending Cash	Balance (Subtract	Line D	From Line (	<b>:</b> )			\$				4,43	31.98						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)	)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	)			\$					0.00			1			
				AFF	IDA	VI	ΓSE	CTION	J									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If thi	s is	a Car	ndidate	repor	t, ca	ndida	ate sig	n here.					
I swear (or affirm) correct and complete	) that this report, incl ete.	uding the	attached sch	edule	s filed	on p	paper	or by ele	ctronic	med	ium,	are to t	he best o	f my knov	wledge a	and beli	ef , tr	ue
Sworn to and subs	cribed before me this day of	•	20								Sig	gnature	of Perso	n Submit	ting Rep	ort		_
			-				-		_				Prin	ted Name	e			_
My Commission Ex	Signatu opires	re											Ema	il				_
	МО	DA	AY	YR			-			Area	Code	1	Daytim	e Teleph	none Nui	nber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	andid	ate sha	ll sign	her	e.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has	not vi	olate	d any	provisi	ons of the	e act of J	une 3,19	937 (P.L	. 133	3,
Sworn to and subsc	ribed before me this											Si	gnature o	of Candid	ate			-
	day of —— ————						-		_				D=24	d New				_
	Signature						-						Printe	d Name				
My Commission Exp	_												Ema	il				_
	МО	D/	AY	YR	l l		•		Ar	ea Co	ode		Da	aytime T	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CUTLER, BRYAN FRIENDS OF	From:	<u>5/6/201</u>	<u>4</u> To:	6/9/2014
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		Reporting Period					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

**PAGE TOTAL \$**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	Candidate		Rep	oorting P	eriod			
				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	me of Filing Committee or Candidate		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 Ca	ne of Filing Committee or Candidate			Reporting Period						
				Fron	m:		To	):		
					D	ATE		АМ	IOUNT	
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/Princ Business	ipal Place of		City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C o	on Schedule I, Detai	led Sumr	mary Page,	Section	on 3.			P <i>#</i>	O.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		Reporting Period						
			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 Period							
CUTLER, BRYAN FRIENDS OF	From:	<u>5/6/2014</u> <b>To:</b>	6/9/2014					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
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		Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	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				Re	eporting F	Period				
				Fr	om:		То:	·o:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							\$	0.00		
City	State		Zip Code(Plus 4	)						
Employer of Contributor					Occupa	tion				
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Details Summary Page, Section 3.				led				PAGE TOTAL 0.00		

### STATEMENT OF EXPENDITURES

		I							
Name of Filing Committee or Car	didate		Reportii	ng Period					
CUTLER, BRYAN FRIENDS OF			From	<u>5/0</u>	<u>6/2014</u>	То:	6/9/2014		
				AMOUNT					
<b>To Whom Paid</b> POSTMASTER			мо	DAY	YEAR				
Mailing Address LANCASTER I	PO		5	13	2014	\$	388.09		
City LANCASTER	State	Zip Code (Plus 4)	Description of Expenditure						
PA 17601				POSTAGE					
To Whom Paid THE 401 GROUP				DAY	YEAR				
Mailing Address 401 NORTH 2ND STREET				2	2014	\$	332.55		
City HARRISBURG State Zip Code (Plus 4)				tion of Exp	enditure	· :			
	PA	17101	INVITA	TIONS FO	R FUNDR	AISER			
To Whom Paid WAKEFIELD LION'S CLUB GOLF			мо	DAY	YEAR				
Mailing Address 220 BRABSO	N ROAD		5	27	2014	\$	375.00		
City NOTTINGHAM	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	:			
	PA	19362		Description of Expenditure SPONSORSHIP					
To Whom Paid JENNIFER CUTLER	·		мо	DAY	YEAR				
Mailing Address 1341 HARMO	NY RIDGE		5	17	2014	\$	100.00		
City PEACH BOTTOM	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	· · · · · · · · · · · · · · · · · · ·			
PA 17563				JRSEMENT					
To Whom Paid CONSTANT CONTACT				DAY	YEAR				
ailing Address 1601 TRAPELO ROAD				12	2014	\$	15.90		
			+	L	L	<u> </u>			

Zip Code (Plus 4)

02451

**Description of Expenditure** 

EMAIL SERVICE

State

MA

City

WALTHAM

To Whom Paid RCLC	CLC				YEAR				
Mailing Address 902 COLUMBI	A AVE		5	7	2014	\$	1,250.00		
City LANCASTER State PA 17603				Description of Expenditure DUES					
To Whom Paid RCLC			МО	DAY	YEAR				
Mailing Address 902 COLUMBIA AVE				7	2014	\$	150.00		
City LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17603	Description of Expenditure BUS TRIP SPONSORSHIP						
To Whom Paid HOUSE REPUBLICAN CAMPAIGN	COMMITTEE		МО	DAY	YEAR				
Mailing Address 500 N 3RD ST	REET		6	9	2014	\$	400.00		
City HARRISBURG State Zip Code (Plus 4) PA 17101				Description of Expenditure REPUBLICAN ROUNDUP					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL		
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	3,011.54		