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	20052	289				Repo			CA	NDII	DATE		СОМИ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee	, Candida	ate or Lo	obbyi	st:	(CUTL	ER,	BRY	AN FI	RIEN	IDS O	F							
Street Address:	РОВ	OX 624																		
City:	QUAR	RYVILLE								State	e:	PA			Zip Cod	le: 17	566-1	104		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND PRIM	FRIDAY ARY	/ PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUES		4.	2ND ELEC	FRIDAY TION	/ PRE-	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT		Yes	N	0	\
report type)	ANNUAL	REPORT	7. X	Year	2014					NG ME		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by	Candidat	e:				•	-		DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	e Cour	
REPRESENTATI	VF IN TH	F GENER	AI ASS	FMRI	Υ					МО		DAY	Y	'EAR	100	STH	REF)	36	
		L OLIVER	7127100								11		4	2014		(SEE INS	TRUCTI	ONS FO	CODES)
Summary of Expenditures		and	МО	DA		YEAR		_	_	МО		DAY	Y	'EAR	FO	R OFFIC	E USE	ONLY	7	
]	11	25	20)14	T	-		12		31	2014						
A. Amount Bro				•					\$,666.56						
B. Total Moneta	ary Contri	butions A	And Rec	eipts	(From	Sched	dule 1	I)	\$				1,	,000.00						
C. Total Funds	Available	(Sum Of	Lines A	and E	В)				\$				19,	,666.56						
D. Total Expend	ditures (F	rom Sche	dule II	I)					\$				1,	534.41						
E. Ending Cash	Balance (Subtract	Line D	From	Line C	C)			\$				18,	132.15						
F. Value Of In-							e II)		\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	Sched	ule IV)			\$					0.00						_
						AFF:	IDA'	VI	ΓSE	CTIC	NC									
PART I - If this is I swear (or affirm)		•	•									•		_		f my knov	uledae	and he	liof tr	110
correct and comple		eport, men	uunig tile	attaci	ileu scii	iedules	illea	UII 1	лареі	OI Dy C	riecti	Ome m	cuiui	ii, are to t	ile best o	i iliy kilov	vieuge	and be	iiei , ti	ue
Sworn to and subs	cribed befo day of	re me this		20										Signature	of Perso	n Submitt	ing Re _l	oort		
		Signatur	e						-						Prin	ted Name				
My Commission Ex	opires -								_						Ema	il				
	I	40	D/	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report	of a cand	idate's	autho	rized	Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge aı	nd belie	ef this	politio	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed befor day of	e me this		20										s	ignature o	of Candida	ite			_
	·			20 -					•						Printe	d Name				-
	S	ignature									-					:•				_
My Commission Exp	ires														Ema					
		мо	D	AY		YR						Area	Code	1	Da	aytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CUTLER, BRYAN FRIENDS OF	From:	11/25/2014	<u>4</u> To:	12/31/2014
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)			\$	1,000.00
All Other Contributions (Part D)			\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,000.00

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 Ca	andidate		Reporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Comm	ittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 Committ	ee or Candidate		Rej	porting P	eriod			
			Fro	om:		To) :	
			•		DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
							l	
Mailing Address							\$	0.00
Mailing Address City	State	Zip Code (P	lus 4)				\$	0.00

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

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 P	Period					
CUTLER, BRYAN FRIENDS OF	From:	11/25/2014	То:	12/31/2014			

DATE AMOUNT

Full Name of Contributing Committee	-					
PA ABC PAC	МО	DAY	YEAR	\$ 1,000.00		
Mailing Address 135 SHELLYLAND ROAD				4	2014	
City MANHEIM	State	Zip Code (Plus 4)	12		201.	
	PA	17545				

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

PAGE TOTAL \$ 1,000.00

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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE 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 Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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	
CUTLER, BRYAN FRIENDS OF	From:	<u>11/25/2014</u> To:	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Cand	Name of Contributor					Reporting Period						
			From:			To:						
				DATE			AMOUNT					
Full Name of Contributor			МО	DAY	YEAR							
Mailing Address						7 \$	0.00					
City	State	Zip Code (Plus 4)										
Description of Contribution:	•		•	•	•							
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		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	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
CUTLER, BRYAN FRIENDS OF	From	11/25/2014	То:	12/31/2014

			DATE				AMOUNT
To Whom Paid			мо	DAY	YEAR		
RCLC							
Mailing Address 902 COLUMBIA AVE			12	15	2014	\$	95.00
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17603	СООКВООК				
To Whom Paid				DAY	YEAR		
JENNIFER CUTLER			МО		ILAK		
Mailing Address 1341 HARMONY RIDGE			12	19	2014	\$	923.51
City PEACH BOTTOM	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17563	CONFERENCE EXPENSES				
To Whom Paid 3RD REGULAR INFANTRY			МО	DAY	YEAR		
Mailing Address 534 W LEMON STREET			12	15	2014	\$	250.00
City LANCASTER	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17603	CANNON SHOOT @ PICNIC				
To Whom Paid 1ST PENNSYLVANIA REGIMENT			мо	DAY	YEAR		
Mailing Address 810 OVERLOOK ROAD			12	15	2014	\$	250.00
City MORGANTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	19543	SUPPORT AT PICNIC				
To Whom Paid CONSTANT CONTACT				DAY	YEAR		
Mailing Address 1601 TRAPELO ROAD			12	12	2014	\$	15.90
City WALTHAM	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	<u> </u>	
	MA	02451	EMAIL SERVICE				
•							PAGE TOTAL
Enter Grand Total of Expendi	itures on Page 1, Re	port Cover Page, Item D).			\$	1,534.41