

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 :		2005289		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: CUTLER, BRYAN FRIENDS OF												
Street Address: P O BOX 624												
City: QUARRYVILLE						State: PA			Zip Code: 17566-1104			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE				PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	5	2015		6	8	2015				
A. Amount Brought Forward From Last Report						\$ 45,949.20						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 6,100.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 52,049.20						
D. Total Expenditures (From Schedule III)						\$ 20,075.79						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 31,973.41						
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
CUTLER, BRYAN FRIENDS OF	From: <u>5/5/2015</u> To: <u>6/8/2015</u>

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,500.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 6,000.00

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.)	\$ 6,100.00
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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 CUTLER, BRYAN FRIENDS OF	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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				DATE			AMOUNT	
Full Name of Contributor JAMES MACKENZIE					MO	DAY	YEAR	\$ 100.00
Mailing Address 135 MOUNT PLEASANT ROAD					5	10	2015	
City OXFORD		State PA	Zip Code (Plus 4) 19363-2416					

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

PAGE TOTAL
\$ 100.00

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
CUTLER, BRYAN FRIENDS OF	From: <u>5/5/2015</u> To: <u>6/8/2015</u>

				DATE		AMOUNT	
Full Name of Contributing Committee HAPAC-STATE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO Box 8600				5	8	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105-8600					
Full Name of Contributing Committee MALADY & WOOTEN PUBLIC AFFAIRS				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 604 N THIRD ST				5	8	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee ENTERPRISE HOLDINGS, INC PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 600 CORPORATE PARK DR				6	1	2015	
City ST LOUIS	State MO	Zip Code (Plus 4) 63105					
Full Name of Contributing Committee MERCK EMPLOYEES PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 601 PENNSYLVANIA AVE NW				6	1	2015	
City WASHINGTON	State DC	Zip Code (Plus 4) 20004					
Full Name of Contributing Committee THE ROCHE GOOD GOV'T COMMITTEE				MO	DAY	YEAR	\$ 500.00
Mailing Address 340 KINGSLAND STREET				5	10	2015	
City NUTLEY	State NJ	Zip Code (Plus 4) 07110					

Full Name of Contributing Committee LANCASTER GENERAL HEALTH PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 50 S PROVIDENCE RD			5	10	2015	
City MEDIA	State PA	Zip Code (Plus 4) 19063				

Full Name of Contributing Committee PIADA PAC (PA INDEPENDENT AUTO DEALERS ASSN)			MO	DAY	YEAR	\$ 500.00
Mailing Address 1501 NORTH FRONT ST			6	5	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				

Full Name of Contributing Committee ELI LILLY & CO PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address LILLY CORP CENTER			5	10	2015	
City INDIANAPOLIS	State IN	Zip Code (Plus 4) 46285				

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

PAGE TOTAL
\$ 5,500.00

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 CUTLER, BRYAN FRIENDS OF	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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				DATE	AMOUNT			
Full Name of Contributor	MO	DAY	YEAR					
Mailing Address 254 E CHURCH ST <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City STEVENS</td> <td style="width: 20%;">State PA</td> <td style="width: 50%;">Zip Code (Plus 4) 17578-9453</td> </tr> </table>	City STEVENS	State PA	Zip Code (Plus 4) 17578-9453	5	17	2015	\$	500.00
City STEVENS	State PA	Zip Code (Plus 4) 17578-9453						
Employer Name RETIRED				Occupation RETIRED				
Employer Mailing Address/Principal Place of Business RETIRED		City STEVENS		State PA	Zip Code (Plus 4) 17578			

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

PAGE TOTAL
\$ 500.00

PART E 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:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>5/5/2015</u> To: <u>6/8/2015</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 RECEIVED - 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:
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				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:

				DATE		AMOUNT	
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
CUTLER, BRYAN FRIENDS OF	From <u>5/5/2015</u> To: <u>6/8/2015</u>

DATE				AMOUNT		
To Whom Paid West Lampeter Fair co			MO	DAY	YEAR	\$ 135.00
Mailing Address c/o 1280a Breneman Rd			5	27	2015	
City Conestoga	State PA	Zip Code (Plus 4) 17516	Description of Expenditure advertisement payment			
To Whom Paid Moore's Library Memorial Golf outing			MO	DAY	YEAR	\$ 500.00
Mailing Address c/o 9 W Slokom ave			6	8	2015	
City Christiana	State PA	Zip Code (Plus 4) 17509	Description of Expenditure Golf sponsorship and fees			
To Whom Paid Maverick Finance			MO	DAY	YEAR	\$ 4,424.89
Mailing Address 403 North 2nd Street 2nd Floor			6	8	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Costs/Fees associated with HBG fundraiser			
To Whom Paid HRCC			MO	DAY	YEAR	\$ 15,000.00
Mailing Address PO Box 11787			6	1	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Donation for Spring Roundup tickets			
To Whom Paid Constant Contact			MO	DAY	YEAR	\$ 15.90
Mailing Address 1601 Trapelo			5	12	2015	
City Waltham	State PA	Zip Code (Plus 4) 02451	Description of Expenditure email routing service			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 20,075.79

