### **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			_	eport led B		CA	NDII	DATE		COMN	1ITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	ommittee,	Candida	ate or L	obbyist:		CU	TLER	, BRY	AN FI	RIEN	IDS O	=			·				
Street Address:	Р О ВО	X 624																	
City:	QUARR	YVILLE							State	e:	PA			Zip Cod	le: 17	566-1	104		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FR	IDAY PF Y	RE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	<b>√</b>
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND FR	IDAY P ON	RE-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL R	EPORT	7. <b>X</b>	Year 20	015				IG ME		_			PAPER		<b>√</b>	DISK	ETTE	
Name of Office S	ought by C	andidat	e:	•					DAT	ΕO	F ELE	СТІС	ON	District Number	Office Code	Par	ty Cod	Code	
									МО		DAY	YI	EAR			REP	1	36	
										11		3	2015		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		and	МО	DAY	YEA				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	irom:			6	9	2015	5 <b>T</b>	0		12		31	2015						
A. Amount Bro	ught Forwa	rd From	ı Last R	eport				\$				31,	973.41						
B. Total Monetary Contributions And Receipts (From Schedule							e I)	\$				15,	050.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				47,	023.41							
D. Total Expenditures (From Schedule III)							\$				25,2	201.30							
E. Ending Cash Balance (Subtract Line D From Line C)						\$				21,8	322.11								
F. Value Of In-	Kind Contri	butions	Receiv	ed (Fror	n Sched	lule I	Ί)	\$					0.00						
G. Unpaid Debt	s And Oblig	ations	(From S	Schedule	e IV)			\$					0.00		,				
					AF	FID	AVI	T SE	CTIC	NC									
PART I - If this is	a Committ	ee repo	ort, trea	surer si	gn here	. If th	his is	a Car	ndidat	te re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	uding the	attached	d schedu	les file	ed on	paper	or by e	electr	onic m	edium	, are to t	he best of	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before day of	me this		20								5	Signature	of Persoi	n Submitt	ing Rep	ort		_
		Signatur	e	_				- -						Print	ted Name				_
My Commission Ex	opires							_						Emai	i				
	МС	)	D	AY	Υ	'R					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\Box$
Part II- If this is	a report of	a cand	idate's	authoriz	zed Con	nmitte	ee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and	belief th	is pol	itical	comm	ittee h	as no	ot viola	ted ar	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before of	me this		20									Si	ignature o	of Candida	ite			_
				- <u>-</u>				-						Printe	d Name				-
	Sig	nature						-											_
My Commission Exp	ires													Emai	il				
		мо	D	AY	١	/R		-			Area	Code		Da	ytime Te	elephor	e Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CUTLER, BRYAN FRIENDS OF	From:	6/9/201	<u>5</u> To:	12/31/2015
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)			\$	1,550.00
TOTAL for the Reporting	) Period	(2)	\$	1,550.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	11,500.00
All Other Contributions (Part D)			\$	2,000.00
TOTAL for the Reporting	) Period	(3)	\$	13,500.00
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			\$	15,050.00

#### **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 Candida	e or Candidate  Reporting Period  From:  To:  DATE						
			From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			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 Committee or Candid	late		Reporting Period					
CUTLER, BRYAN FRIENDS OF			From:		<u>6/9/</u>	2015 <b>T</b> o	<b>)</b> :	12/31/2015
					DATE			AMOUNT
Full Name of Contributor			МС	)	DAY	YEAR		
PETER D QUINN DMD MD LLC								
	O REGARDING ADDRE	1					\$	200.00
City PHILADELPHIA	<b>State</b> PA	Zip Code (Plus 4	)	12	31	2015		
	FA	19104				1	<u> </u>	
Full Name of Contributor KEITH KASPER			МС	)	DAY	YEAR		
Mailing Address 1325 E MEETING	HOUSE ROAD						\$	200.00
City LOWER GWYNEDD	State	Zip Code (Plus 4	)	12	31	2015		
	PA	19002						
Full Name of Contributor	•	•	МС	,	DAY	YEAR		
CHRISTOPHER BECK	IMC	,	DAT	IEAR				
Mailing Address 806 QUEEN DRIV	/E	<u> </u>					\$	200.00
City WEST CHESTER	State	Zip Code (Plus 4	)	12	31	2015		
	PA	19380						
Full Name of Contributor	-	-	МС	,	DAY	YEAR		
PATRICIA SULLIVAN			1410		DAI	LAK		
Mailing Address 2601 PENNSYLV	ANIA AVE, APT 1123						\$	200.00
City PHILADELPHIA	State	Zip Code (Plus 4	)	12	31	2015		
	PA	19130						
Full Name of Contributor	- <del>'</del>	•	мс	)	DAY	YEAR		
MACK STULB  Mailing Address 969 TURNBERRY	CIDCLE							200.00
Mailing Address 969 TURNBERRY  City SCHWENKSVILLE	State	Zip Code (Plus 4	$\overline{}$	12	31	2015	\$ 	200.00
City SCHWENKSVILLE	PA	19473	<b>'</b>	12	31	2013		
Full Name of Contributor	•	•						
PHILIP OKALA			MC	)	DAY	YEAR		
Mailing Address 415 SPRING GARDEN LANE							\$	250.00
City WEST CONSHOHOCKEN	State	Zip Code (Plus 4	)	12	31	2015		
	PA	19428						

Full Name of Contributor			мо	DAY	YEAR	
THOMAS BEEMAN					12/110	
Mailing Address 151 ESHELMAN ROAD						\$ 200.00
City LANCASTER	State	Zip Code (Plus 4)	12	31	2015	
	PA	17601				
Full Name of Contributor		•				
Full Name of Contributor	•	<u> </u>	МО	DAV	VEAD	
Full Name of Contributor ALEXANDER MUNRO	·		МО	DAY	YEAR	
	R ROAD	•	МО	DAY	YEAR	\$ 100.00
ALEXANDER MUNRO	R ROAD State	Zip Code (Plus 4)	<b>MO</b>	<b>DAY</b> 16	<b>YEAR</b> 2015	\$ 100.00

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

**PAGE TOTAL \$** 1,550.00

#### **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	Name of Filling Committee or Candidate			Period			
CUTLER, BRYAN FRIENDS OF			From:	<u>6/</u>	9/2015	То:	12/31/2015
				DA	TE		AMOUNT
Full Name of Contributing Committee ASSN. OF DEER FARMERS PAC				МО	DAY	YEAR	\$ 500.00
Mailing Address 200 N THIRD STREET	Γ, SUITE 1500			8	19	2015	
City HARRISBURG	<b>State</b> PA	<b>Zip Code</b> 17101	e (Plus 4)				
<b>Full Name of Contributing Committee</b> UPAC				мо	DAY	YEAR	<b>\$</b> 500.00
Mailing Address PO BOX 458				8	19	2015	
City CAMP HILL	<b>State</b> PA	<b>Zip Code</b> 17001	e (Plus 4)				
Full Name of Contributing Committee PA MANUFACTURED HOUSING PAC		МО	DAY	YEAR	\$ 500.00		
Mailing Address 315 LIMEKILN				8	21	2015	
City NEW CUMBERLAND	<b>State</b> PA	<b>Zip Code</b> 17070	e (Plus 4)				
Full Name of Contributing Committee CENTURYLINK EMPLS PAC OF PA				мо	DAY	YEAR	\$ 500.00
Mailing Address 240 N THIRD ST ST	Ē 300			9	14	2015	300.00
City HARRISBURG	State PA	<b>Zip Code</b> 17101-	e (Plus 4) 0000	,			
Full Name of Contributing Committee PA OPHTHALMOLOGY PAC				мо	DAY	YEAR	<b>\$</b> 500.00
Mailing Address 200 N THIRD ST STE	1500			8	19	2015	
City HARRISBURG	<b>State</b> PA	<b>Zip Code</b> 17101	e (Plus 4)				
<b>Full Name of Contributing Committee</b> PA TRUCK PAC				МО	DAY	YEAR	<b>\$</b> 500.00
Mailing Address 910 LINDA LANE				8	24	2015	300.00
City CAMP HILL	State PA	<b>Zip Code</b> 17011	e (Plus 4)			2013	

						17.62 /
Full Name of Contributing Committee LAWPAC			мо	DAY	YEAR	\$ 1,000.00
Mailing Address 800 NORTH THIRE	STREET		10	16	2015	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	10	10	2015	
	PA	17102				
Full Name of Contributing Committee		-	мо	DAY	YEAR	
TROOPER ASSN PAC (TAP)			140	JA.	ILAK	<b>\$</b> 1,500.00
Mailing Address 3625 VARTAN WA	Y		12	9	2015	·
City HARRISBURG	State	Zip Code (Plus 4)				
	PA	17110				
Full Name of Contributing Committee			мо	DAY	YEAR	
ABBVIE POLITICAL ACTION COMMITT	EE					\$ 500.00
Mailing Address 1 N WAUKEGAN R	D		6	17	2015	
City NORTH CHICAGO	State	Zip Code (Plus 4)				
	IL	60064				
Full Name of Contributing Committee			мо	DAY	YEAR	
MONSANTO CITIZENSHIP FUND	1.51.75					\$ 500.00
Mailing Address 800 N LINDBERGH	1	T	6	17	2015	
City ST LOUIS	State	Zip Code (Plus 4)				
	МО	63167		<u> </u>	<u> </u>	<u> </u>
Full Name of Contributing Committee K&L GATES LLP			МО	DAY	YEAR	\$ 500.00
Mailing Address 210 6TH AVE			6	15	2015	
<b>City</b> PITTSBURGH	State	Zip Code (Plus 4)				
	PA	15222				
Full Name of Contributing Committee			мо	DAY	YEAR	
PFIZER PAC						\$ 500.00
Mailing Address 235 E 42ND ST			8	27	2015	
City NEW YORK	State	Zip Code (Plus 4)				
	NY	10017				
Full Name of Contributing Committee LANCASTER GENERAL HEALTH PAC			МО	DAY	YEAR	2 500 00
Mailing Address 50 S PROVIDENCE	: RD		4.5	3:	201-	\$ 2,500.00
City MEDIA	State	Zip Code (Plus 4)	12	31	2015	
	PA	19063				
Full Name of Contributing Committee AZ PAC			МО	DAY	YEAR	\$ 1,000.00
Mailing Address 1800 CONCORD P	IKE PO BOX 15438		12	21	2015	\$ 1,000.00
City WILMINGTON	State	Zip Code (Plus 4)	12	31	2015	
	DC	19805				
	i	i		•	•	•

Full Name of Contributing	мо	DAY	YEAR			
ABBOTT LABORATORIES				DA!		<b>\$</b> 500.00
Mailing Address 100 AE	Mailing Address 100 ABOTT PARK ROAD				2015	
City ABBOTT PARK State		Zip Code (Plus 4)	12	31	2013	
	IL	60064				

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

**PAGE TOTAL \$** 11,500.00

## 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			
CUTLER, BRYAN FRIENDS OF				Fron	n:	<u>6/9/2</u>	015 <b>T</b>	o:	12/31/2015
					DA	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	E00.00
BERNARD MORRISSEY							,	_  *	500.00
Mailing Address 254 E CHURCH ST					11	26	2015	5	
City STEVENS	State	Zip	Code (Plus	4)					
	PA	17	578					ı	
Employer Name RETIRED					Occupat	tion	RETIRE		
Employer Mailing Address/Principal Plac	e of Business		City		State Zip Code (P			Code (Plus 4)	
254 E CHURCH ST			STEVENS			PA		175	78
Full Name of Contributor					мо	DAY	YEAR	\$	500.00
MADELINE BELL								_ `	300.00
Mailing Address 1357 WOODED WAY		T	<u> </u>		12	31	2015	5	
City BRYN MAWR	State	1 -	Code (Plus	<b>(4)</b>					
	PA		010				I 	ı	
Employer Name CHILDREN'S HOSPITAL OF PHILADELPHIA  Employer Mailing Address/Principal Place of Business  City					Occupat	1	CEO	Ι	
	e of Business		City	D. 17.4		State			Code (Plus 4)
3401 CIVIC CENTER BLVD			PHILADEL	PHIA		PA		1910	04
Full Name of Contributor					мо	DAY	YEAR	\$	500.00
RALPH MULLER								`	300.00
Mailing Address 2033 DELANCEY PL			. C. d. (Dl.)	4)	12	31	2015	5	
City PHILADELPHIA	State		Code (Plus	<b>(4)</b>					
	PA		103					ı	
Employer Name UNIVERSITY OF PENN		SYS			Occupat		CEO	T	
Employer Mailing Address/Principal Plac	e of Business		City			State		_	Code (Plus 4)
3400 SPRUCE ST			PHILADEL	PHIA		PA		1910	04
Full Name of Contributor					мо	DAY	YEAR	\$	500.00
SUSAN PHILLIPS									333.33
Mailing Address 127 CLAY RIDGE RO		7:-	Code (Plus	. 4)	12	31	2015	5	
City OTTSVILLE	State	-	•	4)					
Employer Name UNITY FROITY OF BENNA	CYLVANIA LIFALTU		942 TEM		Occupat	ion	CENTO	VICE	DDECIDENT
Employer Name UNIVERSITY OF PENN	SYLVANIA HEALIH	515	I CIM		ГОССИРА		PUBLIC		E PRESIDENT,
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (	Code (Plus 4)
3400 SPRUCE STREET			PHILADEL	PHIA		PA		1910	04
Enter Grand Total of Part C on Sche	dule T. Detailed Si	umm	ary Page	Section	on 3.		Γ		PAGE TOTAL
	z, z stanca st	~	, . ugu,	5000	•.			\$	2,000.00

## 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 o	r Candidate		Reporting Period					
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	1	•	•	
-			<b>.</b>	_		ſ	ı	PAGE TOTAL
Enter Grand Total of Part E	on Schedule 1, Detailed	Summary Page,	Section	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 Period							
CUTLER, BRYAN FRIENDS OF	From:	6/9/2015 <b>To:</b>	12/31/2015					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate			Reporting Period					
		1	From:			То:		
		<u>.</u>		DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
					-			
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Det			mary Pag	ge,		PAGE TOTA	AL
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate			Re	Reporting Period						
				Fro	m:		To:			
						DATE			AMOUNT	
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 Zij	p Code(Plus 4)	Descr	iptio	n of Contributio	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	AL
Summary Page, Section 3.					-					0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
CUTLER, BRYAN FRIENDS OF	From	6/9/2015	То:	<u>12/31/2015</u>			

			DATE	AMOUNT				
		мо	DAY	YEAR				
		7	9	2015	\$	550.00		
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 17566			SPONSORSHIP					
		MO	DAY	VEAD				
TION		MO	DAT	TEAR				
SS STREET		7	9	2015	\$	500.00		
City QUARRYVILLE State		Descrip	tion of Exp	enditure	L			
PA 17566			SPONSORSHIP					
			DAY	VEAD				
		МО	DAY	YEAR				
		7	9	2015	\$	15,000.00		
State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
			CONTRIBUTION					
•	•							
		МО	DAY	YEAR				
		10	16	2015	\$	2,000.00		
State	Zip Code (Plus 4)	Description of Expenditure						
CityHARRISBURGStateZip Code (Plus 4)PA17108			OKTOBERFEST SPONSORSHIP					
	•							
			DAY	VEAD				
		мо	DAY	YEAR				
		<b>MO</b>	<b>DAY</b> 19	<b>YEAR</b> 2015	\$	6,000.00		
State	Zip Code (Plus 4)	10		2015	\$	6,000.00		
	<b>Zip Code (Plus 4)</b> 17108	10  Descrip	19	2015 enditure		6,000.00		
State		10  Descrip TOWER	19 tion of Exp EVENT SP	2015 enditure ONSORSI		6,000.00		
State		10  Descrip	19	2015 enditure		6,000.00		
State		10  Descrip TOWER	19 tion of Exp EVENT SP	2015 enditure ONSORSI				
State PA		10  Descrip TOWER  MO	19 tion of Exp EVENT SP	2015 enditure ONSORSI YEAR 2015	HIP	6,000.00 550.00		
	TION SS STREET State PA State PA State PA	PA   17566	State	MO   DAY	MO   DAY   YEAR   7   9   2015	MO		

							PAGE 16		
To Whom Paid			МО	DAY	YEAR				
LANCASTER COUNTY YRS			140		ILAK				
Mailing Address 902 COLUMBIA AVE			9	16	2015	\$	100.00		
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp					
PA 17603			CONTRIBUTION						
To Whom Paid			мо	DAY	YEAR				
FRIENDS OF JACKIE PFURSIC	Н								
Mailing Address 2708 SADDLEBACK DRIVE			8	4	2015	\$	250.00		
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 17603			CONTRIBUTION						
To Whom Paid			мо	DAY	YEAR				
USPS									
Mailing Address POSTMAST	ΓER		9	16	2015	\$	49.00		
City MOUNTVILLE	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
PA 17554			STAMPS						
To Whom Paid			мо	DAY	YEAR				
USPS			110		7 = 7 0				
Mailing Address POSTMAST	ΓER		10	18	2015	\$	88.00		
City QUARRYVILLE	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17566	PO BOX FEE						
To Whom Paid			мо	DAY	YEAR				
CONSTANT CONTACT			1-10		12/110				
Mailing Address 1601 TRAF	PELO ROAD		12	31	2015	\$	111.30		
City WALTHAM	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
MA 02451			EMAIL SERVICE FOR JUNE-DEC						
To Whom Paid			мо	DAY	YEAR				
WELLS FARGO BANK			110		7 = 7 0				
Mailing Address QUARRYVILLE BRANCH			8	10	2015	\$	3.00		
City QUARRVILLE State Zip Code (Plus 4)			Description of Expenditure						
PA 17566			BANK FEE						
Enton Cunnel Tatal of Frances	dituus on Dara 1 Da	mant Cavan Bass Its B					PAGE TOTAL		
Enter Grand Total of Expen	ultures on Page 1, Re	port Cover Page, Item D	·•			\$	25,201.30		
						ı			