

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		2005289		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> CUTLER, BRYAN FRIENDS OF												
<b>Street Address:</b>												
<b>City:</b> QUARRYVILLE						<b>State:</b> PA		<b>Zip Code:</b> 17566-1104				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2015	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	REP 36			
						11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		6	9	2015		12	31	2015				
<b>A. Amount Brought Forward From Last Report</b>						\$ 31,973.41						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 15,050.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 47,023.41						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 25,201.30						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 21,822.11						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

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

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 1,550.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,550.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 11,500.00
<b>All Other Contributions (Part D)</b>	\$ 2,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 13,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 15,050.00
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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 Candidate	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 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)**

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

				DATE			AMOUNT
Full Name of Contributor ALEXANDER MUNRO				MO 6	DAY 16	YEAR 2015	\$ 100.00
Mailing Address							
City	CONESTOGA	State PA	Zip Code (Plus 4) 17516				
Full Name of Contributor THOMAS BEEMAN				MO 12	DAY 31	YEAR 2015	\$ 200.00
Mailing Address							
City	LANCASTER	State PA	Zip Code (Plus 4) 17601				
Full Name of Contributor PHILIP OKALA				MO 12	DAY 31	YEAR 2015	\$ 250.00
Mailing Address							
City	WEST CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428				
Full Name of Contributor MACK STULB				MO 12	DAY 31	YEAR 2015	\$ 200.00
Mailing Address							
City	SCHWENKSVILLE	State PA	Zip Code (Plus 4) 19473				
Full Name of Contributor PATRICIA SULLIVAN				MO 12	DAY 31	YEAR 2015	\$ 200.00
Mailing Address							
City	PHILADELPHIA	State PA	Zip Code (Plus 4) 19130				
Full Name of Contributor CHRISTOPHER BECK				MO 12	DAY 31	YEAR 2015	\$ 200.00
Mailing Address							
City	WEST CHESTER	State PA	Zip Code (Plus 4) 19380				
Full Name of Contributor KEITH KASPER				MO 12	DAY 31	YEAR 2015	\$ 200.00
Mailing Address							
City	LOWER GWYNEDD	State PA	Zip Code (Plus 4) 19002				

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
PETER D QUINN DMD MD LLC				12	31	2015	
Mailing Address							
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	19104				

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

<b>PAGE TOTAL</b>
\$ 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.**

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

				DATE			AMOUNT	
Full Name of Contributing Committee ASSN. OF DEER FARMERS PAC				MO	DAY	YEAR	\$	500.00
Mailing Address				8	19	2015		
City	HARRISBURG	State	Zip Code (Plus 4)					
		PA	17101					
Full Name of Contributing Committee UPAC				MO	DAY	YEAR	\$	500.00
Mailing Address				8	19	2015		
City	CAMP HILL	State	Zip Code (Plus 4)					
		PA	17001					
Full Name of Contributing Committee PA MANUFACTURED HOUSING PAC				MO	DAY	YEAR	\$	500.00
Mailing Address				8	21	2015		
City	NEW CUMBERLAND	State	Zip Code (Plus 4)					
		PA	17070					
Full Name of Contributing Committee CENTURYLINK EMPLS PAC OF PA				MO	DAY	YEAR	\$	500.00
Mailing Address				9	14	2015		
City	HARRISBURG	State	Zip Code (Plus 4)					
		PA	17101-0000					
Full Name of Contributing Committee PA OPHTHALMOLOGY PAC				MO	DAY	YEAR	\$	500.00
Mailing Address				8	19	2015		
City	HARRISBURG	State	Zip Code (Plus 4)					
		PA	17101					
Full Name of Contributing Committee PA TRUCK PAC				MO	DAY	YEAR	\$	500.00
Mailing Address				8	24	2015		
City	CAMP HILL	State	Zip Code (Plus 4)					
		PA	17011					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
LAWPAC			10	16	2015	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17102
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,500.00
TROOPER ASSN PAC (TAP)			12	9	2015	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17110
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
ABBVIE POLITICAL ACTION COMMITTEE			6	17	2015	
Mailing Address						
City	NORTH CHICAGO	State	IL	Zip Code (Plus 4)		60064
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
MONSANTO CITIZENSHIP FUND			6	17	2015	
Mailing Address						
City	ST LOUIS	State	MO	Zip Code (Plus 4)		63167
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
K&L GATES LLP			6	15	2015	
Mailing Address						
City	PITTSBURGH	State	PA	Zip Code (Plus 4)		15222
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
PFIZER PAC			8	27	2015	
Mailing Address						
City	NEW YORK	State	NY	Zip Code (Plus 4)		10017
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 2,500.00
LANCASTER GENERAL HEALTH PAC			12	31	2015	
Mailing Address						
City	MEDIA	State	PA	Zip Code (Plus 4)		19063
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
AZ PAC			12	31	2015	
Mailing Address						
City	WILMINGTON	State	DC	Zip Code (Plus 4)		19805

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
ABBOTT LABORATORIES			12	31	2015	
Mailing Address						
City	ABBOTT PARK	State	IL	Zip Code (Plus 4)	60064	

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

<b>PAGE TOTAL</b>
\$ 11,500.00



**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.)**

<b>Name of Filing Committee or Candidate</b>  CUTLER, BRYAN FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>6/9/2015</u> <b>To:</b> <u>12/31/2015</u>
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				DATE			AMOUNT
<b>Full Name of Contributor</b> BERNARD MORRISSEY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				11	26	2015	
<b>City</b> STEVENS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17578					
<b>Employer Name</b> RETIRED				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> STEVENS		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17578
<b>Full Name of Contributor</b> MADELINE BELL				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				12	31	2015	
<b>City</b> BRYN MAWR	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19010					
<b>Employer Name</b> CHILDREN'S HOSPITAL OF PHILADELPHIA				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> PHILADELPHIA		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19104
<b>Full Name of Contributor</b> RALPH MULLER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				12	31	2015	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103					
<b>Employer Name</b> UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> PHILADELPHIA		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19104
<b>Full Name of Contributor</b> SUSAN PHILLIPS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				12	31	2015	
<b>City</b> OTTSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18942					
<b>Employer Name</b> UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM				<b>Occupation</b> SENIOR VICE PRESIDENT, PUBLIC			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> PHILADELPHIA		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19104

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

<b>PAGE TOTAL</b>
\$ 2,000.00

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:

				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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
CUTLER, BRYAN FRIENDS OF		From: <u>6/9/2015</u> To: <u>12/31/2015</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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:	
				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

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

				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	
SECA FEST							
Mailing Address				7	9	2015	\$ 550.00
City	QUARRYVILLE	State	PA	Zip Code (Plus 4)	17566	Description of Expenditure	
				SPONSORSHIP			
To Whom Paid				MO	DAY	YEAR	
SOLANCO EDUCATIONAL FOUNDATION							
Mailing Address				7	9	2015	\$ 500.00
City	QUARRYVILLE	State	PA	Zip Code (Plus 4)	17566	Description of Expenditure	
				SPONSORSHIP			
To Whom Paid				MO	DAY	YEAR	
HRCC							
Mailing Address				7	9	2015	\$ 15,000.00
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	Description of Expenditure	
				CONTRIBUTION			
To Whom Paid				MO	DAY	YEAR	
HRCC							
Mailing Address				10	16	2015	\$ 2,000.00
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	Description of Expenditure	
				OKTOBERFEST SPONSORSHIP			
To Whom Paid				MO	DAY	YEAR	
HRCC							
Mailing Address				10	19	2015	\$ 6,000.00
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	Description of Expenditure	
				TOWER EVENT SPONSORSHIP			
To Whom Paid				MO	DAY	YEAR	
RCLC							
Mailing Address				7	19	2015	\$ 550.00
City	LANCASTER	State	PA	Zip Code (Plus 4)	17603	Description of Expenditure	
				CONTRIBUTION			

<b>To Whom Paid</b> LANCASTER COUNTY YRS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			9	16	2015	
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17603	<b>Description of Expenditure</b> CONTRIBUTION			

<b>To Whom Paid</b> FRIENDS OF JACKIE PFURSICH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			8	4	2015	
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17603	<b>Description of Expenditure</b> CONTRIBUTION			

<b>To Whom Paid</b> USPS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 49.00
<b>Mailing Address</b>			9	16	2015	
<b>City</b> MOUNTVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17554	<b>Description of Expenditure</b> STAMPS			

<b>To Whom Paid</b> USPS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 88.00
<b>Mailing Address</b>			10	18	2015	
<b>City</b> QUARRYVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17566	<b>Description of Expenditure</b> PO BOX FEE			

<b>To Whom Paid</b> CONSTANT CONTACT			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 111.30
<b>Mailing Address</b>			12	31	2015	
<b>City</b> WALTHAM	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02451	<b>Description of Expenditure</b> EMAIL SERVICE FOR JUNE-DEC			

<b>To Whom Paid</b> WELLS FARGO BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 3.00
<b>Mailing Address</b>			8	10	2015	
<b>City</b> QUARRVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17566	<b>Description of Expenditure</b> BANK FEE			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 25,201.30

