

# 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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2017	FILING METHOD ( ) CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	REP 36			
					11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		10	24	2017		11	27	2017			
A. Amount Brought Forward From Last Report					\$ 9,643.35						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 7,500.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 17,143.35						
D. Total Expenditures (From Schedule III)					\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 17,143.35						
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
CUTLER, BRYAN FRIENDS OF	From: <u>10/24/2017</u> To: <u>11/27/2017</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>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 6,000.00
<b>All Other Contributions (Part D)</b>	\$ 1,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 7,500.00

<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>	\$ 7,500.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	0.00

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)					

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

<b>Name of Filing Committee or Candidate</b>  CUTLER, BRYAN FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>10/24/2017</u> <b>To:</b> <u>11/27/2017</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee UPSPAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 55 GLENLAKE PKWAY NE				11	16	2017	
City ATLANTA	State GA	Zip Code (Plus 4) 30328					
Full Name of Contributing Committee BOWL PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 200 N THIRD ST, STE 1500				11	21	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee EQT CORP - STATE PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 625 LIBERTY AVE, STE 1700				11	21	2017	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222					
Full Name of Contributing Committee ABBVIE - PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 1 N WAUKEGAN ROAD				11	21	2017	
City NORTH CHICAGO	State IL	Zip Code (Plus 4) 60064					
Full Name of Contributing Committee UPAC UROLOGIST FOR PATIENT ACCESS TO CARE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 458				11	21	2017	
City CAMP HILL	State PA	Zip Code (Plus 4) 17001					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
PA TRUCK PAC						
Mailing Address			11	21	2017	
910 LINDA LANE						
City	CAMP HILL	State				
		PA				
		Zip Code (Plus 4)				
		17011-6409				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
PA OPHTHALMOLOGY PAC						
Mailing Address 200 N THIRD ST STE 1500			11	21	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 171010000				

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

<b>PAGE TOTAL</b>
\$ 6,000.00

**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>10/24/2017</u> <b>To:</b> <u>11/27/2017</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
STEPHANIE FLEETMAN							
<b>Mailing Address</b> 357 MT ALVERNO ROAD				11	21	2017	\$ 500.00
City MEDIA	State PA	Zip Code (Plus 4) 19063					
<b>Employer Name</b> MUSTANG EXPEDITING INC				<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b> 35 STANLEY DR			<b>City</b> ASHTON		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19014	
ALBERT BLOUGH							
<b>Mailing Address</b> 571 E 28TH DIVISION HWY				11	21	2017	\$ 500.00
City LITITZ	State PA	Zip Code (Plus 4) 17543					
<b>Employer Name</b> BERKS LANES BOWLING CENTER				<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b> PO BOX 67			<b>City</b> READING		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19607	
GEOFFREY FINCH							
<b>Mailing Address</b> 35 HONESUCKLE CT				11	16	2017	\$ 500.00
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022					
<b>Employer Name</b> WENGER FEEDS LLC				<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b> 101 WEST HARRISBURG AVE			<b>City</b> RHEEMS		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17570	

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

PAGE TOTAL	
\$	1,500.00



## 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> _____ <b>To:</b> _____
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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.**

<b>PAGE TOTAL</b>	
\$	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>10/24/2017</u> To: <u>11/27/2017</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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00





