### **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 2005	5289				port ed B		CANDI	DATE		COMMITTEE / LOBBYIST					
Name of Filing C	Committee, Candid	ate or L	obbyist:		CUT	LER	, BRY	AN FRIE	NDS O	F						
Street Address:																
City:	QUARRYVILLI							State:	PA			Zip Cod	<b>de:</b> 17	7566-1104		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT	'	POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2017					IG METH				PAPER		/	DISKE	ГТЕ
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIC	ON District Office Party Code					County Code
								МО	DAY	YI	AR			36		
								11		7	2017		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	EAR				МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	irom:		11 28	20	017	Т	<u>О</u>	12	:	31	2017					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			17,	143.35					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$			12,	500.00					
C. Total Funds Available (Sum Of Lines A and B)							\$		29,643.35							
D. Total Expenditures (From Schedule III)							\$				3.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			29,6	40.35					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	[)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			1	109.80					
			,	٩FF	IDA	٩VI	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. 1	[f th	is is	a Can	ididate r	eport, d	candi	date sig	jn here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sche	dules	filed	d on	paper (	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me thi day of	S	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	ire					-					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	omn	nitte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of e	ny knowl	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										S	ignature (	of Candid	ate		
	day of						-					Printe	d Name			
My Commission Eve	Signature						-					Ema	il			
My Commission Exp																
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
CUTLER, BRYAN FRIENDS OF	From:	11/28/20	<u>17</u> To:	12/31/2017
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)			\$	10,500.00
All Other Contributions (Part D)			\$	2,000.00
TOTAL for the Reporting	Period	(3)	\$	12,500.00
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			\$	12,500.00

#### **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 Candidat	e	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

0.00

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.

(EXCIU	ue contributions fro	om pontical comm	iiile	es re	portea	III Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting F	Period			
		From: To:				<b>o</b> :		
		ı			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
						-		PAGE TOTAL

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	ame of Filing Committee or Candidate Repo			Reporting	Period				
CUTL	ER, BRYAN FRIENDS OF			From:	11/2	8/2017	То:	12/31	<u>/2017</u>
					DA	TE		АМО	UNT
Full N	lame of Contributing Committee				мо	DAY	YEAR		
VERI	ZON GOOD GOVT CLUB OF PA							<b> </b>	500.00
Maili	ng Address				12	14	2017		
City	HARRISBURG	State	Zip Cod	e (Plus 4)			2017		
		PA	17101						
Full N	lame of Contributing Committee				мо	DAY	YEAR		
ABBC	OTT LABORATORIES				1.0	57(1	12/11	<b> </b>	1,000.00
Maili	ng Address				12	11	2017		·
City	ABBOTT PARK	State	Zip Cod	e (Plus 4)			2017		
		IL	60064						
Full N	lame of Contributing Committee				мо	DAY	YEAR		
BETT	ER PENNSYLVANIA PAC						12/11	<b> </b>	1,000.00
Maili	ng Address				12	13	2017		·
City	HARRISBURG	State	Zip Cod	e (Plus 4)		-5			
		PA	17101						
Full N	lame of Contributing Committee				мо	DAY	YEAR		
EXEL	ONPAC				1.0	57(1	12/11	<b> </b>	1,000.00
Maili	ng Address				12	7	2017		·
City	WASHINGTON	State	Zip Cod	e (Plus 4)		,	2017		
		DC	20001						
Full N	lame of Contributing Committee				мо	DAY	YEAR		
AQUA	A AMERICA INC					2711		<b>\$</b>	2,500.00
Maili	ng Address				12	20	2017		·
City	BRYN MAWR	State	Zip Cod	e (Plus 4)					
		PA	19010						
Full N	lame of Contributing Committee				МО	DAY	YEAR		
TROC	PER ASSN PAC (TAP)				1.10	DAI	ILAK	\$	1,000.00
Mailir	ng Address				12	29	2017		
City	HARRISBURG	State	Zip Cod	e (Plus 4)					
		PA	17110-	9439					

Full Name of Contributing Committee			мо	DAY	YEAR	
AZ PAC				27.1	12711	<b>\$</b> 1,000.0
Mailing Address				29	2017	_,
City WILMINGTON	State	Zip Code (Plus 4)	12	29	2017	
	DE	19803				
Full Name of Contributing Committee						•
Full Name of Contributing Committee	!	<u> </u>	мо	DAY	YFAR	
Full Name of Contributing Committee PECOPAC		ı	МО	DAY	YEAR	\$ 2.500.0
						\$ 2,500.0
PECOPAC	State	Zip Code (Plus 4)	<b>MO</b> 12	<b>DAY</b> 29	<b>YEAR</b> 2017	\$ 2,500.0

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

**PAGE TOTAL \$** 10,500.00

### 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	ame of Filing Committee or Candidate				orting Pe	riod			
CUTLER, BRYAN FRIENDS OF				Fron	n:	11/28/2	<u>017</u> <b>T</b> o	:	12/31/2017
					DA	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	F00.00
NICK DEBENEDICTIS						<i>-</i>		*	500.00
Mailing Address	<u> </u>				12	14	2017		
City ARDMORE	State	Zip	Code (Plus	4)					
	l <sub>PA</sub>	19	0003					l	
Employer Name AQUA AMERICA					Occupat	tion	CHAIR (	OF BO	ARD
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	Code (Plus 4)
BRYN MAWR				۷R		PA		1901	.0
Full Name of Contributor									
DAN HILFERTY					МО	DAY	YEAR	\$	1,000.00
Mailing Address					12	14	2017		
City PHILADELPHIA	State	Zip	Code (Plus	4)	] 12	14	2017		
	l <sub>PA</sub>	19	103						
Employer Name INDEPENDENCE BLUE	CROSS				Occupat	tion	CFO		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	Code (Plus 4)
			PHILADEL	PHIA		PA		1910	)3
Full Name of Contributor							V=15		
CHUCK PENNONI					МО	DAY	YEAR	\$	500.00
Mailing Address					12	20	2017		
City BRYN MAWR	State	Zip	Code (Plus	4)	12	20	2017		
	<sub>PA</sub>	l <sub>19</sub>	010						
Employer Name PENNONI ASSOCIATE	S				Occupat	tion	CHAIRM	AN	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	Code (Plus 4)
			PHILADEL	PHIA		PA		1910	)4
									PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed S	umn	nary Page,	Section	on 3.				
								\$	2,000.00
							L		

## 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:			To:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	•			•	•	•	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	Summer Base S	<b>!</b> !	4				PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	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 Pe	riod	
CUTLER, BRYAN FRIENDS OF	From:	11/28/2017 <b>To</b> :	12/31/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	OR .	
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 Candidate	Reporting Period							
		1	From:			To:		
		<u>.</u>		DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
					-			
Enter Grand Total of Part F on Sche	dule II, In-Kin	d Contributions Detai	led Sum	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	porting	Period				
				Fro	m:	DATE O DAY YEA				
							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 I	Period		
CUTLER, BRYAN FRIENDS OF	From	11/28/2017	То:	12/31/2017

			DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR					
WELLS FARGO BANK	МО		ILAK					
Mailing Address				8	2017	\$	3.00	
City LANCASTER	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17601	ONLINE	IMAGING				
		PAGE TOTAL						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							3.00	

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period						
CUTLER, BRYAN FRIENDS OF				11/28/2017 <b>To</b> :				12/31/2017	
					DATE			utstanding alance of Debt	
Name of Creditor SHELLEY CASTETTER				мо	DAY	YEAR			
Mailing Address					28	2017	, \$	109.80	
City QUARRYVILLE	State	Zip Code (P	lus 4)	Description of Debt					
	PA	17566	WEB HOSTING						
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								109.80	