

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	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 2017	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 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			
		11	28	2017		12	31	2017				
A. Amount Brought Forward From Last Report						\$ 17,143.35						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 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 (Subtract Line D From Line C)						\$ 29,640.35						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 109.80						

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>11/28/2017</u> To: <u>12/31/2017</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 12,500.00
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>	
Name of Filing Committee or Candidate	Reporting Period
	From: To:
DATEAMOUNT	

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 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>11/28/2017</u> To: <u>12/31/2017</u>

				DATE		AMOUNT	
Full Name of Contributing Committee PECOPAC				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 2301 MARKET ST				12	29	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee AZ PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1800 CONCORD PIKE				12	29	2017	
City WILMINGTON	State DE	Zip Code (Plus 4) 19803					
Full Name of Contributing Committee TROOPER ASSN PAC (TAP)				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 3625 VARTAN WAY				12	29	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110-9439					
Full Name of Contributing Committee AQUA AMERICA INC				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 762 WEST LANCASTER AVE				12	20	2017	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010					
Full Name of Contributing Committee EXELONPAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 101 CONSTITUTION AVE				12	7	2017	
City WASHINGTON	State DC	Zip Code (Plus 4) 20001					

Full Name of Contributing Committee BETTER PENNSYLVANIA PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 121 STATE STREET			12	13	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee ABBOTT LABORATORIES			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 100 ABBOTT PARK ROAD			12	11	2017	
City ABBOTT PARK	State IL	Zip Code (Plus 4) 60064				

Full Name of Contributing Committee VERIZON GOOD GOVT CLUB OF PA			MO	DAY	YEAR	\$ 500.00
Mailing Address 417 WALNUT STREET, 1ST FLOOR			12	14	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 10,500.00

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>11/28/2017</u> To: <u>12/31/2017</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
NICK DEBENEDICTIS							
Mailing Address 231 GOLFVIEW RD				12	14	2017	\$ 500.00
City ARDMORE	State PA	Zip Code (Plus 4) 19003					
Employer Name AQUA AMERICA				Occupation CHAIR OF BOARD			
Employer Mailing Address/Principal Place of Business 762 W LANCASTER AVE			City BRYN MAWR		State PA	Zip Code (Plus 4) 19010	

Full Name of Contributor				MO	DAY	YEAR	
DAN HILFERTY							
Mailing Address 1901 MARKET ST				12	14	2017	\$ 1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Employer Name INDEPENDENCE BLUE CROSS				Occupation CFO			
Employer Mailing Address/Principal Place of Business 1901 MARKET ST			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19103	

Full Name of Contributor				MO	DAY	YEAR	
CHUCK PENNONI							
Mailing Address 411 VALLEY GLEN DRIVE				12	20	2017	\$ 500.00
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010					
Employer Name PENNONI ASSOCIATES				Occupation CHAIRMAN			
Employer Mailing Address/Principal Place of Business 1 DREXEL PLAZA			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19104	

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

PAGE TOTAL	
\$	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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				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>11/28/2017</u> To: <u>12/31/2017</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 RECIEVED - 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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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 CUTLER, BRYAN FRIENDS OF	Reporting Period From <u>11/28/2017</u> To: <u>12/31/2017</u>
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DATE				AMOUNT		
To Whom Paid WELLS FARGO BANK			MO	DAY	YEAR	\$ 3.00
Mailing Address 574 CENTERVILLE RD			12	8	2017	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure ONLINE IMAGING			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3.00

SCHEDULE IV

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 CUTLER, BRYAN FRIENDS OF				Reporting Period From: <u>11/28/2017</u> To: <u>12/31/2017</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor SHELLEY CASTETTER				MO	DAY	YEAR	
Mailing Address 5 HARRISON DRIVE				12	28	2017	\$ 109.80
City QUARRYVILLE	State PA		Zip Code (Plus 4) 17566		Description of Debt WEB HOSTING		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 109.80