### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           |                                 | Repo<br>Filed |                          |       | CANDI    | DATE         |                             | соми       | <b>ITTEE</b>  | ✓           | LOB        | BYIST                      |                |          |          |          |          |
|--|---------------------------------|---------------|--------------------------|-------|----------|--------------|-----------------------------|------------|---------------|-------------|------------|----------------------------|----------------|----------|----------|----------|----------|
| Name of Filing C                         | Committee, Candid               | ate or L      | obbyist:                 | F     | riend    | s of B       | Bry                         | an Cutle   | r             |             |            |                            |                |          |          |          |          |
| Street Address:                          | PO Box 624                      |               |                          |       |          |              |                             |            |               |             |            |                            |                |          |          |          |          |
| City:                                    | Quarryville                     |               |                          |       |          |              | -                           | State:     | PA            |             |            | Zip Cod                    | de: 17         | 7566     |          |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY      | 1.            | 2ND FRIDAY P<br>PRIMARY  | RE-   | 2.       | 30 E<br>PRII |                             |            | POST-         | 3. <b>X</b> |            | AMENDMENT Yes No REPORT?   |                |          |          | )        |          |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION     | 4.            | 2ND FRIDAY F<br>ELECTION | PRE-  | - 5.     |              |                             |            |               |             |            | TERMINATION Yes No REPORT? |                |          |          | )        | <b>\</b> |
| report type)                             | ANNUAL REPORT                   | 7.            | <b>Year</b> 2020         |       |          |              | FILING METHOD ( ) CHECK ONE |            |               |             |            | PAPER                      |                | <b>/</b> | DISK     | TTE      |          |
| Name of Office S                         | Sought by Candida               | te:           |                          |       |          |              |                             | DATE O     | F ELE         | CTIC        | N          | District<br>Number         | Office<br>Code | Pai      | rty Code | Cour     |          |
|  | · ,                             |               |                          |       |          |              |                             | МО         | DAY           | YI          | AR         | Toolic                     | <u> </u>       |          | Toour    |          |          |
|  |                                 |               |                          |       |          |              |                             | 11         |               | 3           | 2020       |                            | (SEE IN        | STRUCTI  | ONS FOR  | CODES    | )        |
| Summary of Expenditures                  | Receipts and                    | МО            | DAY YE                   | AR    |          |              |                             | мо         | DAY           | YI          | EAR        | FO                         | R OFFI         | CE USE   | ONLY     |          |          |
|  |                                 |               | 5 19                     | 20    | 20       | ΤΟ           |                             | 6          |               | 22          | 2020       | ļ                          |                |          |          |          |          |
| A. Amount Bro                            | ught Forward Fron               | n Last R      | eport                    |       |          |              | \$                          |            |               | 70,8        | 352.58     |                            |                |          |          |          |          |
| B. Total Moneta                          | ary Contributions               | And Rec       | eipts (From Sc           | hed   | lule I)  |              | \$                          |            |               | 44,         | 500.00     |                            |                |          |          |          |          |
| C. Total Funds                           | Available (Sum Of               | f Lines A     | and B)                   |       |          |              | \$                          |            |               | 115,3       | 352.58     |                            |                |          |          |          |          |
| D. Total Expend                          | ditures (From Sch               | edule II      | I)                       |       |          |              | \$                          |            |               | 5,9         | 945.29     |                            |                |          |          |          |          |
| E. Ending Cash                           | Balance (Subtrac                | t Line D      | From Line C)             |       |          |              | \$                          |            | :             | 109,4       | 07.29      |                            |                |          |          |          |          |
| F. Value Of In-                          | Kind Contributions              | s Receiv      | ed (From Sche            | dule  | e II)    |              | \$                          |            |               |             | 0.00       |                            |                |          |          |          |          |
| G. Unpaid Debt                           | s And Obligations               | (From S       | Schedule IV)             |       |          |              | \$                          |            |               |             | 0.00       |                            |                | '        |          |          |          |
|  |                                 |               | A                        | FFI   | DAV      | IT S         | EC                          | CTION      |               |             |            |                            |                |          |          |          |          |
| PART I - If this is                      | s a Committee rep               | ort, trea     | surer sign here          | e. I1 | f this i | s a C        | and                         | didate re  | eport, o      | candi       | date sig   | jn here.                   |                |          |          |          |          |
| I swear (or affirm) correct and comple   | ) that this report, inc<br>ete. | luding the    | attached schedu          | ıles  | filed o  | n pape       | er o                        | r by elect | ronic m       | edium       | , are to t | the best o                 | f my kno       | wledge   | and bel  | ief , tr | ue       |
| Sworn to and subs                        | cribed before me this<br>day of | 5             | 20                       |       |          |              |                             |            |               | S           | Signature  | of Perso                   | n Submit       | ting Re  | port     |          | _        |
|  | Signatu                         | re            |                          |       |          | _            |                             |            |               |             |            | Prin                       | ted Name       | e        |          |          | _        |
| My Commission Ex                         | cpires                          |               |                          |       |          |              |                             |            |               |             |            | Ema                        | il             |          |          |          | _        |
|  | мо                              | D             | AY '                     | ΥR    |          |              |                             |            | Ar            | ea Cod      | le         | Daytim                     | e Telepl       | none Nu  | ımber    |          |          |
| Part II- If this is                      | a report of a can               | didate's      | authorized Cor           | nm    | ittee,   | Candi        | ida                         | te shall   | ll sign here. |             |            |                            |                |          |          |          |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of n           | ny knowle     | edge and belief t        | his į | politica | l com        | mit                         | tee has n  | ot viola      | ted an      | y provis   | ions of th                 | e act of J     | une 3,1  | 937 (P.I | L. 133   | 3,       |
| Sworn to and subsc                       | ribed before me this<br>day of  |               | 20                       |       |          |              |                             |            |               |             | s          | ignature o                 | of Candid      | ate      |          |          | _        |
|  |                                 |               |                          |       |          | _            |                             |            |               |             |            | Printe                     | d Name         |          |          |          | -        |
| My Commission Eve                        | Signature                       |               |                          |       |          | _            |                             |            |               |             |            | Ema                        | il             |          |          |          | _        |
| My Commission Exp                        |                                 |               |                          |       |          | _            |                             |            |               |             |            |                            |                |          |          |          | _        |
|  | МО                              | D             | AY                       | YR    |          |              |                             |            | Area          | Code        |            | Da                         | aytime T       | elephoi  | ne Numb  | er       |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

|   | •         |          |              |           |
|---|-----------|----------|--------------|-----------|
| Name of Filing Committee or Candidate   | Reporting | y Period |              |           |
| Friends of Bryan Cutler   | From:     | 5/19/202 | <u>0</u> To: | 6/22/2020 |
| 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)   |           |          | \$           | 500.00    |
| All Other Contributions (Part B)  |           |          | \$           | 0.00      |
| TOTAL for the Reporting   | Period    | (2)      | \$           | 500.00    |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)  |           |          |              |           |
| Contributions Received From Political Committees (Part C)   |           |          | \$           | 39,000.00 |
| All Other Contributions (Part D)  |           |          | \$           | 5,000.00  |
| TOTAL for the Reporting   | Period    | (3)      | \$           | 44,000.00 |
| 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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page |           |          | \$           | 44,500.00 |

#### **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 Co                       | mmittee or Candidat | e                   |                         | Re    | porting I | Period       |    | _                    |           |            |
|---|---------------------|---------------------|-------------------------|-------|-----------|--------------|----|----------------------|-----------|------------|
| Friends of Bryan                        | Cutler              |                     |                         | Fre   | om:       | <u>5/19/</u> | 20 | <u>20</u> <b>To:</b> |           | 6/22/2020  |
|   |                     |                     |                         |       |           | DATE         |    |                      |           | AMOUNT     |
| Full Name of Contri                     | buting Committee    |                     |                         |       | мо        | DAY          |    | YEAR                 |           |            |
| Pennsylvania Ceme                       | etery Cremation and | Funeral Association | on                      |       | МО        | DAI          |    | ILAK                 |           |            |
| Mailing Address                         | PCCFA/PAC 305       | 1 Green Pond Road   | d                       |       | 6         |              | 5  | 2020                 | \$        | 250.00     |
| City Easton                             |                     | State               | Zip Code (Plus          | 4)    |           |              | -  |                      |           |            |
|   |                     | PA                  | 18045                   |       |           |              |    |                      |           |            |
| Full Name of Contri<br>School Nurse PAC | buting Committee    | -                   | -                       |       | МО        | DAY          |    | YEAR                 |           |            |
| Mailing Address                         | c/o Susan Daltor    | 3343 Stonehous      | e Ct                    |       | 6         |              | 5  | 2020                 | \$        | 125.00     |
| City Bethlehem                          |                     | State               | Zip Code (Plus          | 4)    |           |              | 1  | 2020                 |           |            |
|   |                     | PA                  | 180171902               |       |           |              |    |                      |           |            |
| Full Name of Contri<br>PENN HY-PAC      | buting Committee    | <u> </u>            |                         |       | МО        | DAY          |    | YEAR                 |           |            |
| Mailing Address                         | 84 Skyline Drive    |                     |                         |       | 6         |              | 5  | 2020                 | \$        | 125.00     |
| <b>City</b> Mechanicsb                  | ourg                | <b>State</b><br>PA  | Zip Code (Plus of 17050 | 4)    | 0         |              |    | 2020                 |           |            |
|   |                     | •                   | •                       |       |           |              |    |                      | Г         | PAGE TOTAL |
| Enter Grand Total                       | of Part A on Sche   | dule T. Detailed 9  | Summary Page S          | ectio | n 2       |              |    |                      | <b>\$</b> | 500.00     |

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

500.00

### 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 Candidate |                  | Rep | orting P | eriod |      |    |            |
|--------------------------|--------------|------------------|-----|----------|-------|------|----|------------|
|                          |              |                  | Fro | m:       |       | To   | ): |            |
|                          |              |                  |     |          | 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.

| ame of Filing Committee or Candidate |  |          |                                   | eporting Period  |       |                    |  |  |  |
|--------------------------------------|--|----------|-----------------------------------|--|-------|--------------------|--|--|--|
|                                      |  | From:    | <u>5/1</u>                        | 9/2020   | То:   | 6/22/2020          |  |  |  |
|                                      |  |          | DA                                | TE   |       | AMOUNT             |  |  |  |
|                                      |  |          | мо                                | DAY  | YEAR  |                    |  |  |  |
|                                      |  |          |                                   |  |       | <b>\$</b> 1,000.00 |  |  |  |
| ter 210 Sixth Avenue                 | e  |          | 6                                 | 5  | 2020  |                    |  |  |  |
| State                                | Zip Code   | (Plus 4) |                                   |  |       |                    |  |  |  |
| PA                                   | 15222  |          |                                   |  |       |                    |  |  |  |
|                                      |  |          | МО                                | DAY  | VEAD  |                    |  |  |  |
|                                      |  |          | 110                               | DAI  | ILAK  | <b>\$</b> 1,000.00 |  |  |  |
| t                                    |  |          | 6                                 | 5  | 2020  | ,,,,,,             |  |  |  |
| State                                | Zip Code   | (Plus 4) |                                   |  | 2020  |                    |  |  |  |
| NY                                   | 10017  |          |                                   |  |       |                    |  |  |  |
|                                      |  |          |                                   |  | \     |                    |  |  |  |
|                                      |  |          | МО                                | DAY  | YEAR  | <b>\$</b> 1,000.00 |  |  |  |
|                                      |  |          | 6                                 | 5  | 2020  | 1,000.00           |  |  |  |
| State                                | Zip Code   | (Plus 4) | 0                                 |  | 2020  |                    |  |  |  |
| PA                                   | 171080   | 343      |                                   |  |       |                    |  |  |  |
|                                      | •  |          |                                   | DAY  | VEAD  |                    |  |  |  |
|                                      |  |          | МО                                | DAY  | YEAR  | <b>\$</b> 5,000.00 |  |  |  |
|                                      |  |          | 6                                 | _  | 2020  | 3,000.00           |  |  |  |
| State                                | Zip Code   | (Plus 4) | 0                                 | ]  | 2020  |                    |  |  |  |
| PA                                   | 19103  |          |                                   |  |       |                    |  |  |  |
| 1                                    | •  |          |                                   |  |       |                    |  |  |  |
| tee                                  |  |          | МО                                | DAY  | YEAR  | <b>\$</b> 5,000.00 |  |  |  |
| 650 Market Street                    |  |          | _                                 | 10   | 2020  | 3,000.00           |  |  |  |
| State                                | Zip Code   | (Plus 4) | 5                                 | 19   | 2020  |                    |  |  |  |
| PA                                   | 19103  |          |                                   |  |       |                    |  |  |  |
|                                      | <u> </u>   |          |                                   |  |       |                    |  |  |  |
|                                      |  |          | МО                                | DAY  | YEAR  | \$ 2,000.00        |  |  |  |
|                                      |  |          |                                   | -  | 2022  | \$ 2,000.00        |  |  |  |
|                                      |  |          | 16                                | 15   | 2020  | I                  |  |  |  |
| State                                | Zip Code   | (Plus 4) |                                   |  |       |                    |  |  |  |
|                                      | State PA  State NY  State PA  State PA | State    | State   Zip Code (Plus 4)   15222 | MO   MO   Content   Mo   Mo   Mo   Mo   Mo   Mo   Mo   M | From: | From:              |  |  |  |

|  |       |                   |           |       |                  | PAGL 6              |
|--|-------|-------------------|-----------|-------|------------------|---------------------|
| Full Name of Contributing Committee                                      |       |                   | МО        | DAY   | YEAR             |                     |
| Red River Canyon Committee   |       |                   | 140       | DAI   | ILAK             | <b>\$</b> 1,000.00  |
| Mailing Address 500 N Third St 9th                                       | ı Fl  |                   | 6         | 5     | 2020             | _,                  |
| City Harrisburg  | State | Zip Code (Plus 4) | 1 "       |       | 2020             |                     |
|  | PA    | 17101             |           |       |                  |                     |
| Full Name of Contributing Committee                                      |       |                   | мо        | DAY   | YEAR             |                     |
| Highmark PAC   |       |                   |           |       |                  | <b>\$</b> 10,000.00 |
| Mailing Address 1800 Center Street                                       |       |                   | 6         | 5     | 2020             |                     |
| City Camp Hill   | State | Zip Code (Plus 4) |           |       |                  |                     |
|  | PA    | 170890089         |           |       |                  |                     |
| Full Name of Contributing Committee                                      |       |                   | МО        | DAY   | YEAR             |                     |
| Capital Blue PAC   |       |                   |           |       |                  | <b>\$</b> 1,000.00  |
| Mailing Address PO Box 60710   |       | •                 | 6         | 5     | 2020             |                     |
| <b>City</b> Harrisburg   | State | Zip Code (Plus 4) |           |       |                  |                     |
|  | PA    | 171060710         |           |       |                  |                     |
| Full Name of Contributing Committee                                      |       |                   | мо        | DAY   | YEAR             |                     |
| S&T Bank Pennsylvania PAC  |       |                   |           |       |                  | <b>\$</b> 500.00    |
| Mailing Address 800 Philadelphia St                                      |       |                   | 6         | 5     | 2020             |                     |
| City Indiana   | State | Zip Code (Plus 4) |           |       |                  |                     |
|  | PA    | 157013908         |           |       |                  |                     |
| Full Name of Contributing Committee                                      |       |                   | мо        | DAY   | YEAR             |                     |
| Penn Osteopathic Med PAC   |       |                   | MO        | DAT   | TEAR             | <b>\$</b> 2,000.00  |
| Mailing Address 1330 Eisenhower Blv                                      | /d    |                   | 6         | 5     | 2020             | _,                  |
| City Harrisburg  | State | Zip Code (Plus 4) | ] "       |       | 2020             |                     |
|  | PA    | 171112319         |           |       |                  |                     |
| Full Name of Contributing Committee                                      |       |                   | мо        | DAY   | YEAR             |                     |
| Agent PAC of Pennsylvania  |       |                   | MO        | DAI   | ILAK             | \$ 500.00           |
| Mailing Address 5050 Ritter Road   |       |                   | 6         | 5     | 2020             | ,                   |
| City Mechanicsburg   | State | Zip Code (Plus 4) | 1 "       |       | 2020             |                     |
|  | PA    | 17055             |           |       |                  |                     |
| Full Name of Contributing Committee                                      |       |                   | мо        | DAY   | YEAR             |                     |
| Pennsylvania Optometric PAC  |       |                   |           |       |                  | <b>\$</b> 1,000.00  |
| Mailing Address 218 North Street   |       |                   | 6         | 5     | 2020             |                     |
| City Harrisburg  | State | Zip Code (Plus 4) |           |       |                  |                     |
|  | PA    | 17101             |           |       |                  |                     |
|  | 1     |                   | 1         | 1     | •                |                     |
| Full Name of Contributing Committee                                      |       | 1                 | МО        | DAY   | YEAR             |                     |
| Full Name of Contributing Committee Chesapeake Energy Corporation FED PA |       |                   | мо        | DAY   | YEAR             | \$ 500.00           |
| Chesapeake Energy Corporation FED PA                                     |       |                   |           |       |                  | \$ 500.00           |
| Chesapeake Energy Corporation FED PA                                     | AC    |                   | <b>MO</b> | DAY 5 | <b>YEAR</b> 2020 | \$ 500.00           |

| Chesapeake Energy Corporation FED PAC             |                   | 140 | I DAY | VEAD    | / I                |
|---|-------------------|-----|-------|---------|--------------------|
| Chesapeake Lifery Corporation LD FAC              |                   | МО  | DAY   | YEAR    | \$ 500.00          |
| Mailing Address PO Box 18496 Oklahoma City OK 731 | 154049            | 6   | 5     | 2020    | 300.00             |
| City State  | Zip Code (Plus 4) |     |       | 2020    |                    |
|   |                   |     |       |         |                    |
| Full Name of Contributing Committee               | -                 | мо  | DAY   | YEAR    |                    |
| Chesapeake Energy Corporation FED PAC             |                   |     |       | 1 L/tit | <b>\$</b> 1,000.00 |
| Mailing Address PO Box 18496 Oklahoma City OK 731 | 154049            | 6   | 5     | 2020    | ·                  |
| City  | Zip Code (Plus 4) | ]   |       | 2020    |                    |
|   |                   |     |       |         |                    |
| Full Name of Contributing Committee               | •                 | мо  | DAY   | YEAR    |                    |
| UnitedHealth Group                                |                   | 140 | DAI   | ILAK    | \$ 2,500.00        |
| Mailing Address 12 Warwick Circle                 |                   | 6   | 5     | 2020    | _,                 |
| City Mechanicsburg State                          | Zip Code (Plus 4) | 1   |       | 2020    |                    |
| PA  | 17050             |     |       |         |                    |
| Full Name of Contributing Committee               |                   | мо  | DAY   | YEAR    |                    |
| Norfolk Southern Corporation Good Government Fund |                   | MO  | DAI   | ILAK    | <b>\$</b> 1,000.00 |
| Mailing Address 1 Constitution Ave., NE Ste 300   |                   | 6   | 5     | 2020    |                    |
| City Washington State                             | Zip Code (Plus 4) |     |       |         |                    |
| DC  | 20002             |     |       |         |                    |
| Full Name of Contributing Committee               |                   | мо  | DAY   | YEAR    |                    |
| Pennsylvania Reynolds American Inc. PAC           |                   | МО  | DAT   | TEAR    | <b>\$</b> 2,500.00 |
| Mailing Address PO Box 718                        |                   | 6   | 5     | 2020    |                    |
| City Winston Salem State                          | Zip Code (Plus 4) | 1   |       | 2020    |                    |
| NC NC   | 271020718         |     |       |         |                    |

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

**PAGE TOTAL \$** 39,000.00

## 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   | e of Filing Committee or Candidate |               |      |         |             | Reporting Period |             |           |  |  |  |  |
|---|------------------------------------|---------------|------|---------|-------------|------------------|-------------|-----------|--|--|--|--|
| Friends of Bryan Cutler                 |                                    |               | Fron | n:      | 5/19/2      | <u>020</u> To    | ):<br>_     | 6/22/2020 |  |  |  |  |
|   |                                    |               |      | DA      | \TE         |                  | АМО         | UNT       |  |  |  |  |
| Full Name of Contributor                |                                    |               |      | мо      | DAY         | YEAR             |             | 2 500 00  |  |  |  |  |
| Daniel J. Hilferty                      |                                    |               |      |         | <b>D</b> A. | . Liver          | \$          | 2,500.00  |  |  |  |  |
| Mailing Address 220 Cedarbrook Roa      | nd                                 |               |      | 5       | 20          | 2020             |             |           |  |  |  |  |
| City Ardmore                            | State                              | Zip Code (Plu | s 4) |         |             |                  |             |           |  |  |  |  |
|   | PA                                 | 19003         |      |         |             |                  | l           |           |  |  |  |  |
| Employer Name Independence Blue Cr      | oss                                |               |      | Occupat | ion         | Presider         | nt          |           |  |  |  |  |
| Employer Mailing Address/Principal Plac | e of Business                      | City          |      |         | State       |                  | Zip Code (  | Plus 4)   |  |  |  |  |
| 1901 Market St                          |                                    | Philadelp     | nia  |         | PA          |                  | 19103       |           |  |  |  |  |
| Full Name of Contributor                |                                    |               |      | мо      | DAY         | YEAR             | \$          | 500.00    |  |  |  |  |
| Michael R. Humphrey                     |                                    |               |      |         |             |                  | ] *         | 500.00    |  |  |  |  |
| Mailing Address 1111 Guadalupe St       | Ste 100                            |               |      | 6       | 5           | 2020             |             |           |  |  |  |  |
| <b>City</b> Austin                      | State                              | Zip Code (Plu | s 4) |         |             |                  |             |           |  |  |  |  |
|   | TX                                 | 787012115     |      | l       |             |                  |             |           |  |  |  |  |
| Employer Name Edgenuity Inc.            |                                    |               |      | Occupat | ion         | Executiv         | e Vice Pre  | sident    |  |  |  |  |
| Employer Mailing Address/Principal Plac | e of Business                      | City          |      |         | State       |                  | Zip Code (  | Plus 4)   |  |  |  |  |
| 11501 Domain Dr Ste 160                 |                                    | Austin        |      |         | TX          |                  | 78758       |           |  |  |  |  |
| Full Name of Contributor                |                                    |               |      | , wa    | DAY         | VEAD             |             |           |  |  |  |  |
| Andy Caulo                              |                                    |               |      | МО      | DAY         | YEAR             | <b>\$</b>   | 500.00    |  |  |  |  |
| Mailing Address 197 Dickerson Lane      |                                    |               |      | 6       | 5           | 2020             | 7           |           |  |  |  |  |
| City Elgin                              | State                              | Zip Code (Plu | s 4) | ]       | 3           | 2020             |             |           |  |  |  |  |
|   | TX                                 | 78621         |      |         |             |                  |             |           |  |  |  |  |
| Employer Name Edgenuity Inc             |                                    |               |      | Occupat | ion         | Vice Pre         | sident Sale | es        |  |  |  |  |
| Employer Mailing Address/Principal Plac | e of Business                      | City          |      |         | State       |                  | Zip Code (  | Plus 4)   |  |  |  |  |
| 11501 Domain Dr                         |                                    | Austin        |      |         | TX          |                  | 78758       |           |  |  |  |  |
| Full Name of Contributor                |                                    |               |      | мо      | DAY         | YEAR             | \$          | 1,000.00  |  |  |  |  |
| Sean M. Reilly                          |                                    |               |      |         |             |                  | <b>↓</b> *  | 1,000.00  |  |  |  |  |
| Mailing Address 826 Kerper St           |                                    |               |      | 6       | 5           | 2020             |             |           |  |  |  |  |
| <b>City</b> Philadelphia                | State                              | Zip Code (Plu | s 4) |         |             |                  |             |           |  |  |  |  |
|   | PA I                               | 19111         |      |         |             |                  | l           |           |  |  |  |  |
| Employer Name Roscommon Internation     | onal                               |               |      | Occupat | ion         | Presider         | nt & C      | EO        |  |  |  |  |
| Employer Mailing Address/Principal Plac | e of Business                      | City          |      |         | State       |                  | Zip Code (  | Plus 4)   |  |  |  |  |
| Two Bala Plaza Suite 300                |                                    | Bala Cyn      | wyd  |         | PA          |                  | 19004       |           |  |  |  |  |

| Full Name of Contributor                                  |       |    |                 | мо                           | DAY   | YEAR | ± 500.00          |  |  |
|---|-------|----|-----------------|------------------------------|-------|------|-------------------|--|--|
| Elena M. Anguita  |       |    |                 | 1.10                         | DAI   | LEAK | \$ 500.00         |  |  |
| Mailing Address 406 Thackeray                             | Close |    |                 | 6                            | 5     | 2020 | ]                 |  |  |
| City Moosic   | State | Zi | p Code (Plus 4) | 7 ° I                        | 5     | 2020 |                   |  |  |
|   | PA    | 18 | 3507            |                              |       |      |                   |  |  |
| Employer Name Edgenuity Inc.                              |       |    |                 | Occupation Account Executive |       |      |                   |  |  |
| Employer Mailing Address/Principal Place of Business City |       |    | City            |                              | State |      | Zip Code (Plus 4) |  |  |
| 11501 Domain Dr Ste 160                                   |       |    | Austin          |                              | TX    |      | 78758             |  |  |

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

| PAGE TOTAL     |
|----------------|
| \$<br>5,000.00 |

## 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  | or Candidate              |                 | Report  | ing Peri | od  |      |    |            |
|---------------------------|---------------------------|-----------------|---------|----------|-----|------|----|------------|
|                           |                           |                 | From:   |          |     | To:  |    |            |
|                           |                           | <b>'</b>        |         |          | ATE |      |    | AMOUNT     |
| Full Name                 |                           |                 |         | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address           |                           |                 |         |          |     |      |    |            |
| City                      | State                     | Zip Code (P     | Plus 4) |          |     |      |    |            |
| Receipt Description       | <b>'</b>                  | <b>'</b>        |         | <u> </u> |     |      | •  |            |
|                           |                           |                 |         | _        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | 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 Perio | d                           |                  |
|--|-----------------|-----------------------------|------------------|
| Friends of Bryan Cutler  | From:           | <u>5/19/2020</u> <b>To:</b> | <u>6/22/2020</u> |
| 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 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 |         |      |             |           |      |
|---------------------------------------|----------------------|------------------------|------------------|---------|------|-------------|-----------|------|
|                                       |                      |                        | From:            |         |      | To          | :         |      |
|                                       |                      |                        |                  | DATE    |      |             | AMOUNT    |      |
| Full Name of Contributor              |                      |                        | МО               | DAY     | YEAR |             |           |      |
| Mailing Address                       |                      |                        |                  |         |      | <b>7</b> \$ |           | 0.00 |
| City                                  | State                | Zip Code (Plus 4)      |                  |         |      |             |           |      |
| Description of Contribution:          | •                    |                        | •                | •       | •    | •           |           |      |
|                                       |                      |                        |                  |         | -    |             |           |      |
| Enter Grand Total of Part F or        | າ Schedule II, In-Ki | nd Contributions Detai | led Sun          | mary Pa | ge,  |             | PAGE TOTA | L    |
| 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 Place of Business |                | Cit | ty               | Stat             | zip Code(Plus 4) |        | Description of Contribution |    |          |      |
| 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 |

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate   |                  |       | Reporting Period           |   |             |            |                |          |
|---|------------------|-------|----------------------------|---|-------------|------------|----------------|----------|
| Friends of Bryan Cutler                 |                  |       | From                       | <u>5/19</u>                             | 9/2020      | То:        | 6/22/2020      |          |
|   |                  |       | 1.                         |   | DATE        |            |                | AMOUNT   |
| To Whom Paid                            |                  |       |                            | МО                                      | DAY         | YEAR       |                |          |
| Lynda J. Bowman                         |                  |       |                            |   |             |            |                |          |
| Mailing Address 1349 Country Club Dr    |                  |       |                            | 6                                       | 8           | 2020       | \$             | 500.00   |
| City Lancaster                          | St               | ate   | Zip Code (Plus 4)          | Descript                                | tion of Exp | enditure   |                |          |
|   | PA               | Ą     | 17601                      | May reta                                | ainer       |            |                |          |
| To Whom Paid  Maverick Finance LLC      |                  |       |                            |   | DAY         | YEAR       |                |          |
| Mailing Address 1426 N                  | N 3rd St Suite 3 | 310   |                            | 6                                       | 8           | 2020       | \$             | 5,000.00 |
| City Harrisburg State Zip Code (Plus 4) |                  |       | Description of Expenditure |   |             |            |                |          |
| PA 17102                                |                  |       |                            | Consulting fee for June                 |             |            |                |          |
| To Whom Paid                            | ·                |       |                            |   |             | VE AD      |                |          |
| Bryan D. Cutler                         |                  |       |                            | МО                                      | DAY         | YEAR       |                |          |
| Mailing Address 1341 H                  | Harmony Ridge    |       |                            | 6                                       | 8           | 2020       | \$             | 6.09     |
| <b>City</b> Peach Bottom                | St               | ate   | Zip Code (Plus 4)          | Description of Expenditure              |             |            |                |          |
|   | PA               | A     | 17563                      | Reimbu                                  | rsement fo  | e of check | s to Treasurer |          |
| To Whom Paid                            |                  |       |                            | мо                                      | DAY         | YEAR       |                |          |
| Maverick Finance LLC                    |                  |       |                            | MO                                      | DAT         | TEAR       |                |          |
| Mailing Address 1426 N                  | 3rd St Suite     | 310   |                            | 6                                       | 12          | 2020       | \$             | 139.20   |
| <b>City</b> Harrisburg                  | St               | ate   | Zip Code (Plus 4)          | Descript                                | tion of Exp | enditure   |                |          |
|   | PA               | 4     | 17102                      | Postage, copies, labels & mp; envelopes |             |            |                |          |
|   |                  |       |                            | МО                                      | DAY         | YEAR       |                |          |
| To Whom Paid                            |                  |       |                            | MO                                      | DAT         | ILAK       |                |          |
| SECA Fest 2020                          |                  |       |                            |   |             |            |                |          |
| SECA Fest 2020                          | ark Avenue PO Bo | ox 67 |                            | 6                                       | 18          | 2020       | \$             | 300.00   |
| SECA Fest 2020                          |                  | ox 67 | Zip Code (Plus 4)          |   | 18          |            | \$             | 300.00   |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

5,945.29