Campaign Finance Report

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

Filer Identificat	ion	20220	C0332			Repo		CANE	DIDA	TE	 I 	со	MMITTE		LOB	BYIST		
Number :	.	<u> </u>				Filed	-											
Name of Filing (Committee,	Candida	ate or L	obbyist:		BRYAN	ID. CU	JILER										
Street Address:																		
City:								State:					Zip Code: 17563-9641					
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D. PRIM		POS	T- 3. X			AMENDMENT REPORT?		Yes	No)	
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA	AY PRI	E- 5.	30 D. ELEC	AY TION	POS	POST- 6.			TERMINATION REPORT?		Yes	No) •	
report type)	ANNUAL R	REPORT	7.	Year 2022	2			NG METI CHECK					PAPER		\checkmark	DISKE	TTE	
Name of Office	 Sought by C	Candidat	:e:					DATE	OF E	LEC	TION		District Number	Office Code	Par	ty Code	Coun Code	
								мо	DA	٩Y	YEAR	ľ	100	STH	REP)		
REPRESENTAT	IVE IN THE	GENER	AL ASS	EMBLY				1	1	8	3 20)22		(SEE INS	STRUCTIONS FOR CODES)			
Summary of		and	мо	DAY	YEAF	2		мо	DA	٩Y	YEAR		FO		e use	ONLY		
Expenditures	s from:			5 3	3 2	.022	то		6	6	5 20)22						
A. Amount Bro	ought Forwa	ard From	1 Last R	eport			\$				0.	00						
B. Total Monet	ary Contrib	outions A	And Rec	eipts (Fror	n Sche	edule I)	\$	5		0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			0.	00						
D. Total Expen	ditures (Fr	om Sche	edule II	I)			\$	5			0.	00						
E. Ending Cash	n Balance (S	Subtract	Line D	From Line	C)		\$	5			0.	00						
F. Value Of In-	Kind Contr	ibutions	Receiv	ed (From S	Schedu	le II)	\$	5			0.	00						
G. Unpaid Deb	ts And Obli	gations	(From S	Schedule I	V)		\$	5			0.	00						
					AFF	IDAV	IT SE	CTION	J									
PART I - If this i		-	-	-					-	-		-						
I swear (or affirm correct and compl		port, inclu	uding the	e attached so	chedule	s filed o	n paper	or by ele	ctroni	ic med	lium, are	to th	ne best of	my know	/ledge	and beli	ef , tru	ie,
Sworn to and subs	scribed befor day of	e me this		20							Signa	iture	of Person	Submitt	ing Rep	oort		-
		Signatur	'e				_						Print	ed Name				-
My Commission E	xpires												Email					-
	м	0	D	AY	YR					Area	Code		Daytime	e Telepho	one Nu	mber		_
Part II- If this is	a report o	of a cand	lidate's	authorized	l Comr	nittee,	Candic	late sha	ll sig	n her	e.							
I swear (or affirm) No 320) as amend		best of m	ıy knowle	edge and bel	lief this	s politica	l comn	nittee has	not v	violate	d any pro	ovisio	ons of the	act of Ju	ine 3,1	937 (P.I	. 1333	6
Sworn to and subse		me this							_			Sig	gnature of	f Candida	te			-
	day of												Printed	i Name				-
	-	gnature					_									_		
My Commission Exp	pires								_				Email					
		мо	D	AY	YR	ł	_		A	rea Co	ode		Da	ytime Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BRYAN D. CUTLER From: <u>5/3/2022</u> **To:** 6/6/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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)											
Name of Filing Committee or Candida	ite		Rep	orting P	eriod						
			Froi	m:		Тс):				
					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, Deta	iled Summary Pag	je, Se	ection 2	2.		\$	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							
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00		

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 Rep				eporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

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:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·									
		_	.					PAGE TOT	AL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Period		
BRYAN D. CUTLER	From:	<u>5/3/2022</u> To:	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting	Period	·			
	From:			То:				
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
				From:					
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
				From					
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)) Description of Expenditure					
Enter Grand Tatal of Evnanditures	n Dage 1. Denort C	Cover Dage Item [<u> </u>				PAGE TOTAL		
Enter Grand Total of Expenditures (Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		