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	2022	C0332		5	Repo	rt	CAN	DID	ATE		OMMITTE	Ē	LOB	BYIST		
Number :						Filed	-										
Name of Filing (Committe	e, Candida	ate or L	obbyist:		BRYAN	D CU	TLER									
Street Address:												_					
City:								State:				Zip Cod	e: 17	563-9	641		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		PC)ST- 3	3.		AMENDMENT REPORT?		No)	<
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	AY PRI	E- 5.	30 D/ ELEC		PC	OST- 6. X			TERMINATION REPORT?		No	,	
report type)	ANNUAL	REPORT	7.	Year 2022				NG MET CHECK				PAPER		\checkmark	DISKE	TTE	
Name of Office	— Sought by	/ Candidat	te:					DATE	OF	ELEC	TION	District Number	Office Code	Par	ty Code	Coun Code	
REPRESENTAT	IVF IN TH	IF GENER	AL ASS	FMBLY				мо	0	DAY	YEAR	100	STH	REF)		
									11	8	3 202	2	(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of		s and	мо	DAY	YEAF	2		мо	1	DAY	YEAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:			10 25	5 2	022	го		11	28	3 202	2					
A. Amount Bro	ought Forv	ward Fron	n Last R	eport			\$				0.0	D					
B. Total Monet	ary Contr	ibutions /	And Rec	eipts (Fron	n Sche	dule I)	\$	5			0.0	D					
C. Total Funds	Available	e (Sum Of	Lines A	and B)			\$;			0.0	D					
D. Total Expen	ditures (I	From Sche	edule II	I)			\$				0.00)					
E. Ending Cash	n Balance	(Subtract	t Line D	From Line	C)		\$				0.00)					
F. Value Of In-	-Kind Con	tributions	Receiv	ed (From S	chedu	le II)	\$	5			0.00)					
G. Unpaid Deb	ts And Ob	oligations	(From S	Schedule I\	/)		\$;			0.00						
					AFF	IDAV	IT SE	CTIO	Ν								
PART I - If this i				_					-	-		-					
I swear (or affirm correct and compl		report, incl	uding the	e attached so	hedule	s filed o	1 paper	or by ele	ectro	onic med	lium, are to	the best of	my knov	vledge	and beli	ef , trı	ie,
Sworn to and subs	scribed bef day of	ore me this	5	20					-		Signatu	re of Persor	n Submitt	ing Rej	oort		-
		Signatu	re				_		-			Print	ed Name				-
My Commission E	xpires								_			Emai	I				_
		мо	D	AY	YR					Area	Code	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a canc	lidate's	authorized	Com	nittee,	Candid	late sha	all si	ign her	e.						
I swear (or affirm) No 320) as amend		e best of n	ny knowl	edge and bel	ief this	s politica	l comm	nittee ha	s not	t violate	d any prov	isions of the	e act of Ju	ine 3,1	937 (P.I	. 1333	i,
Sworn to and subscribed before me this day of 20									-			Signature o	f Candida	ite			-
							_		-			Printe	d Name				-
My Commission Exp		Signature					_		_			Emai	1				-
	_						_		_								-
		мо	D	AY	YR	Ł				Area Co	ode	Da	ytime Te	elephor	ie Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period BRYAN D CUTLER** From: <u>10/25/2022</u> **To:** 11/28/2022 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					
				From: To:					
		·			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	te		Rep	orting P	eriod					
			Fro	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, Detail	ed Summary Pag	je, Se	ection 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		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address] *		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	L
Enter Grand Total of Part C on Sched	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				porting 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			Report	ing Peric	d			
			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 Perio	od	
BRYAN D CUTLER	From:	<u>10/25/2022</u> то:	<u>11/28/2022</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, 1		\$	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	·			
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	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					
				m:		То:			
					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)				tion of Exp	enditure				
Enter Grand Tatal of Evnanditures	n Dage 1. Denort C	Cover Dage Item [<u> </u>				PAGE TOTAL		
Enter Grand Total of Expenditures of	m Page 1, Report C	lover Page, Item L				\$	0.00		