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	20240	C0126				port ed B		CAN	CANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:				D. CU	TLER										
Street Address:																			
City:									State	:				Zip Code	e: 17	566			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes	No		\
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	Y PRE	≣-	5.	30 DA							Yes	No	,	\	
report type)	ANNUAL	. REPORT	7. X	Year 2024					IG ME [.]					PAPER		√	DISKE	TTE	
Name of Office S	ought by	/ Candidat	 :e:						DATE	O	F ELE	CTIC)N	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	ΥI	EAR	100	STH	REP	,	TCOUC	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY						11		5	2024	┢──	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:		-	11 26	2	024	Т	0		12	Š	31	2024						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$					0.00						
B. Total Monet	ary Contr	ributions A	Ind Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)											0.00								
D. Total Expenditures (From Schedule III) \$											0.00								
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV)			\$					0.00		,				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	didate	e re	port, c	candi	date sig	gn here.					
I swear (or affirm) correct and comple		report, incl	ıding the	attached scl	hedule	s file	ed on	paper	or by el	lectr	onic m	edium	, are to t	the best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed bef day of	ore me this		20						,		5	Signature	e of Person	Submitt	ing Rep	ort		_
	<u>-</u>	Signatur	·e					- -						Printe	ed Name				-
My Commission Ex	cpires							_		•				Email					
		мо	D	AY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	as no	ot viola	ted ar	ny provis	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc		re me this											s	ignature of	Candida	te			_
	day of —							_						Printed	Name				-
		Signature						-											_
My Commission Exp	ires													Email					
	-	МО	D	AY	YR	t .		_			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BRYAN D. CUTLER	From:	11/26/20	<u>24</u> To:	12/31/2024
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Candidate			Reporting Period							
		'	From:		То	:				
		·		DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

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		Reporting Period						
			From: To) :		
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
							$\overline{}$	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 of Filing Committee or Candidate	ame 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 TOT	AL	
enter Grand Total of Part C on Schedule I, Detailed Summary P			age, Sectio	n 3.			\$	(0.00	

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			Reporting Period							
							o:				
					DATE				AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		\$	0.00	
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupation						
Employer Mailing Address/Principal Place of Business City						State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 0.00	

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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				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 Per	iod					
BRYAN D. CUTLER	From:	<u>11/26/2024</u> To:	12/31/2024				
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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	ame of Filing Committee or Candidate			Reporting Period					
	Fi					То:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	-	-	•	•	•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			iled Sum	mary Pag	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	ame of Filing Committee or Candidate			Re	porting	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 City State					e Zi _l	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	ame of Filing Committee or Candidate			Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip						
Enter Grand Total of Expenditures on Page 1 Penert Cover Page Item (PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I						\$	0.00		