Campaign Finance Report

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

				-	1	-									NICT	_	
Filer Identificat Number :	ion 603	35			Repo Filed			CANDI	DATE	V	CC	OMMITTE		LOBI	BYIST		
Name of Filing	Committee, Candi	date or L	obbyist:		CUTL	ER,	BRY	AN									
Street Address:																	
City:								State:				Zip Cod	e:				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	≣- 2.		30 DA PRIMA		POST- 3.			AMENDMENT REPORT?		Yes	Nc	'	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION					AY F FION	POST-	6.		TERMINATION REPORT?		Yes	Nc	·	<
report type)	ANNUAL REPOR	T 7. X	Year 2006					NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office	L Sought by Candid	ate:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun Code	
								мо	DAY	YE	AR	100	STH	REP	•	36	
REPRESENTAL	IVE IN THE GENE	RAL ASS	SEMBLY					11		7	2006	i	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAF	R			мо	DAY	YE	AR	FOI		E USE	ONLY		
Expenditures	s from:		1 1		1	Т	C	12	:	31	2006						
A. Amount Bro	ought Forward Fro	om Last R	leport				\$		(13,85	1.56)						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	edule I	[)	\$		0.00								
C. Total Funds	Available (Sum C)f Lines A	and B)				\$		(13,85	1.56)						
D. Total Expen	ditures (From Sc	hedule II	1)				\$				0.00						
E. Ending Cash	n Balance (Subtra	ct Line D	From Line	C)			\$		(13,85	1.56)						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From S	Schedu	ule II)		\$				0.00						
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I\	/)			\$				0.00						
				AFF	FIDA	VIT	- SE	CTION									
	s a Committee re		-														
I swear (or affirm correct and compl) that this report, in lete.	cluding the	e attached sc	hedule	es filed (on p	aper	or by elect	ronic m	edium,	are to	the best of	my know	vledge	and beli	ef , trı	e,
Sworn to and sub	scribed before me th day of	is	20							Si	gnatur	e of Person	Submitt	ing Rep	oort		-
												Print	ed Name				-
My Commission E	Signat xpires	ure										Email					-
	мо	D	AY	YR	ł		•		Are	ea Code	•		e Telepho	one Nu	mber		-
Part II- If this is	a report of a car	ndidate's	authorized	l Comr	mittee,	, Ca	ndid	ate shall	sign he	ere.							Ē
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowl	edge and bel	ief this	s politic	al o	comm	ittee has n	ot viola	ed any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	·,
Sworn to and subs	cribed before me this	5									s	ignature of	f Candida	ite			-
	day of 								Printed Name							-	
	Signature																_
My Commission Ex	pires											Email					
	мо	D	AY	YF	R				Area	Code		Da	ytime Te	elephon	e Numb	er	·

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CUTLER, BRYAN From: To: 12/31/2006 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			м	10	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.								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 Candidate Reporting Period										
			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, Detailed Summary Page, Section 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						
				To:					
				DA	TE		A	AMOUNT	
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 Schedule I, Detailed Summary Page, Section							\$	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 Re				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 Schedule I, Detailed Summary Page, Section							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 TO	TAL
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		
CUTLER, BRYAN	From:	To:	<u>12/31/2006</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 PAR	T F)		
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			Reporting Period					
F				From:				
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$	0.0	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	-	- !					
Enter Grand Total of Part F on Sche Section 2.	ailed Summary Page,			PAGE TOTAL				
						\$	0.0	

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 Place of Business City				e Zip	Code(Plus 4)	Descri	ption 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			Reporti	ng Period			
				From			
		DATE		AMOUNT			
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	Zip Code (Plus 4)	Description of Expenditure					
Enter Grand Total of Exponditures	`				PAGE TOTAL		
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00