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	20052	89				eport led E		CA	NDII	DATE		COM	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, C	andida	te or Lo	bbyist:		Frie	ends	of Br	yan C	utle	r				·				
Street Address:																			
City:	QUARRY	VILLE							State	e:	PA			Zip Code: 17566-1104					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRI PRIMAR		RE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	PRE-ELECTION ELECTION ELECTION					6.		TERMINA REPORT?		Yes	N	0	\						
report type)	ANNUAL REI	NNUAL REPORT 7. X Year 2006 FILING METHOD () CHECK ONE									PAPER		√	DISK	ETTE				
Name of Office Sought by Candidate:								DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Code		
REPRESENTATI	VE IN THE G	SENER!	اککم الا	=MRI Y					МО		DAY	YE	AR		STH	REF	•	36	
KEI KESENTATI	VE 114 111E C	JENTEN	(L 7(33)	ITIDET						11		7	2006		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		nd	МО	DAY	YE	AR			МО		DAY	YI	AR	FO	R OFFIC	E USE	ONLY		
expenditures	irom:			1	1	1	1 T	0		12	;	31	2006						
A. Amount Bro	ught Forward	d From	Last Re	eport				\$				5,1	150.77						
B. Total Moneta	ary Contribut	tions A	nd Rece	eipts (Fr	om Sc	nedul	le I)	\$					0.00						
C. Total Funds	Available (Su	um Of L	ines A	and B)				\$				5,1	150.77						
D. Total Expend	ditures (Fron	n Sched	dule III	:)				\$				1,5	00.00						
E. Ending Cash	Balance (Su	btract	Line D	From Lii	ne C)			\$				3,6	50.77						
F. Value Of In-	Kind Contrib	utions	Receive	d (Fron	1 Sche	lule I	II)	\$					0.00						
G. Unpaid Debt	s And Obliga	itions (From S	chedule	IV)			\$				8,9	76.09						
					Al	FID	AVI	T SE	CTIO	NC									
PART I - If this is		=	-										_						
I swear (or affirm) correct and comple		rt, inclu	ding the	attached	schedu	les file	ed on	paper	or by e	electr	onic m	edium	, are to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before r day of	me this		20								S	ignature	of Perso	1 Submitt	ing Re	ort		_
		ignature	<u> </u>					- -						Prin	ted Name				
My Commission Ex	pires							_		•				Emai	il				
	мо		DA	·Υ	١	'R					Are	a Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	a candi	date's a	authoriz	ed Cor	nmitt	ee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	dge and l	belief tl	nis pol	litical	comm	ittee h	as no	ot viola	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		e this		20									Si	ignature o	of Candida	ite			_
-	day of							_						Printe	d Name				-
	Signa	ature						-											_
My Commission Exp	y Commission Expires Email																		
	м	10	DA	·Υ	,	YR		_			Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Friends of Bryan Cutler	From:	To:	12/31/2006
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	d enter amount ge, Item B.)	\$	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			Rep	orting I	Period				
				Fror	m:		То	:	
			-			DATE			AMOUNT
Full Name of Contributin	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.

0.00

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)

(EXCID	ue contributions noi	in pontical comm	iiiie	es re	por teu	III Pait	Α)			
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))							
	•	•			•	•		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			Reporting Period						
			From:			То:			
				DA	TE		Α	AMOUNT	
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C o	n Schedule I, Detaile	d Summary Pa	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			Reporting Period					
			Fron	n:		т	o:	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	'			•			
Futor Curred Total of Bout	F an Cabadula I Datailad	I Comment Dame Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	ection	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		
Friends of Bryan Cutler	From:	То:	12/31/2006
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						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period							
				Fro	m:		To:			
						DATE			AMOUN	т
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 Pla	ce of Business	Cit	ty	Stat	e Zi	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

1,500.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
Friends of Bryan Cutler	From			То:	12/31/2006					
		DATE			AMOUNT					
To Whom Paid			МО	DAY	YEAR					
Bryan Cutler			140		ILAK					
Mailing Address			12	14	2006	\$	1,500.00			
City Peach Bottom	State	Zip Code (Plus 4)	Descrip	tion of Exp						
PA 17563				Loan reimbursement						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL			

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name o	me of Filing Committee or Candidate Repor					ing Period				
Friends	of Bryan Cutler			From:			To:		1	2/31/2006
						DATE				tstanding lance of Debt
Name	of Creditor				мо	DAY	YEAR			
Bryan	Cutler				М		ILAN			
Mailing	g Address				4	23	200	6	\$	4,241.09
City	Peach Bottom	State	Zip Code (P	lus 4)	Descrip	tion of Del	ot			
		PA	17563		Loan					
Name	of Creditor					DAY	VEAD			
Karen	Nye				МО	DAY	YEAR			
Mailing	g Address				4	30	200	6	\$	2,500.00
City	Salt Lake City	State	Zip Code (P	lus 4)	Descrip	tion of Del	ot			
		UT	84105		Loan					
Name	of Creditor				МО	DAY	YEAR			
Martha	Jones				МО	DAT	TEAR			
Mailing	g Address				4	30	200	6	\$	2,000.00
City	Peach Bottom	State	Zip Code (P	lus 4)	Descrip	tion of Del	ot	•		
		PA	17563		Loan					
Name	of Creditor				мо	DAY	YEAR			
Aldus I	Martin				МО	DAT	TEAR			
Mailing	g Address				12	1	200	6	\$	235.00
City	Drumore	State	Zip Code (P	lus 4)	Descrip	tion of Del	ot	•		
		PA	17518		Building	rental an	d musi	cal	ente	ertainment.
										PAGE TOTAL
Ent	er Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$;	8,976.09