Campaign Finance Report

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

								_	_					-
Filer Identificat Number :	ion 200)5289			Report Filed E		CANDI	DATE	СОМІ	MITTEE	✓	LOBI	BYIST	
Name of Filing	Committee, Cand	idate or L	obbyist:		Friends	of Br	yan Cutle	er			-			
Street Address:	P O BOX 62	4												
City:	QUARRYVIL	LE					State:	PA		Zip Co	de: 17	566-1	104	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	- 2.	30 DA PRIMA		POST- 3	3.	AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		- 5.	30 DA		POST- 6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPOR	T 7. X	Year 2000	6			NG METHO CHECK OI			PAPER JIS				TTE
Name of Office	L Sought by Candid	late:					DATE O	F ELEC	TION	District Number	Office	Par	ty Code	County Code
							мо	DAY	YEAR		STH	REP		36
REPRESENTAL	IVE IN THE GENI	ERAL ASS	EMBLI				11	7	2006		(SEE INS	STRUCTI	ONS FOR C	ODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1	1	1 T	0	12	3:	L 2006					
A. Amount Brought Forward From Last Report						\$			5,150.77					
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00							
C. Total Funds Available (Sum Of Lines A and B)						\$			5,150.77					
D. Total Expenditures (From Schedule III)					\$			1,500.00						
E. Ending Cash	n Balance (Subtra	act Line D	From Line	e C)		\$			3,650.77					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From	Schedu	le II)	\$			0.00					
G. Unpaid Deb	ts And Obligatior	ns (From S	Schedule I	V)		\$			8,976.09					
				AFF	IDAVI	T SE	CTION							
	s a Committee re	• •	-					•		-				
correct and compl) that this report, ir lete.	icluding the	e attached s	chedule	s filed on	paper	or by elect	ronic med	lium, are to	the best o	от ту кпоч	viedge	and belie	er, true
Sworn to and sub	scribed before me t day of	his	20						Signature	e of Perso	on Submitt	ing Rep	oort	
	Signa	ture				-				Prir	nted Name	1		
My Commission E	-									Ema	ail			
	мо	D	AY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorize	d Comn	nittee, C	andid	ate shall	sign her	e.					
I swear (or affirm) No 320) as amend) that to the best of ed.	f my knowle	edge and be	elief this	political	comm	ittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me th day of	is	20						S	ignature	of Candida	ite		
						-				Printe	ed Name			
	Signature	e				-				Eu				
My Commission Ex	pires					_				Ema	111			
	мо	D	AY	YR	1	-		Area Co	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: To: Friends of Bryan Cutler 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 Candida	te		Re	porting	Period			
			Fro	From: To:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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								
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.					\$	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 Cand	lidate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

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	ting Perio	od				
			From:			То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	Section	-			\$		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:	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	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	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	g Period			
			From:			То:	
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate					Rep	oorting P	Period			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of Business				State	e Zip Code(Plus 4)		Code(Plus	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed			d				PAGE TOTAL			

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
Friends of Bryan Cutler			From			То:	<u>12/31/2006</u>
				AMOUNT			
To Whom Paid Bryan Cutler	мо	DAY	YEAR				
Mailing Address 1341 Harmony Ridg	e Road		12	14	2006	\$	1,500.00
City Peach Bottom	State PA	Zip Code (Plus 4) 17563		otion of Exp eimbursem			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
Enter Grand Total of Expenditures (on Page 1, Report (Cover Page, Item L).			\$	1,500.00

SCHEDULE IV 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 of Filing Committee or Candidate	me of Filing Committee or Candidate Rep							
Friends of Bryan Cutler			From:			То:		<u>12/31/2006</u>
					DATE			Outstanding Balance of Debt
Name of Creditor				мо	DAY	YEAR		
Bryan Cutler				MO				
Mailing Address 1341 Harmony Rid	ge Road			4	23	2006	\$	4,241.09
City Peach Bottom	State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot		
	РА	17563		Loan				
	1				DATE			Outstanding Balance of Debt
Name of Creditor Karen Nye				мо	DAY	YEAR		
Mailing Address 849 Westminster A	ve			4	30	2006	\$	2,500.00
City Salt Lake City	State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot		
	UT	84105	Loan					
					DATE			Outstanding Balance of Debt
Name of Creditor Martha Jones				мо	DAY	YEAR		
Mailing Address 1244 Tanning Yard	Hollow Road			4	30	2006	_ \$	2,000.00
City Peach Bottom	State PA	Zip Code (Pl 17563	us 4)	Descrip Loan	otion of Del	ot	•	
					DATE			Outstanding Balance of Debt
Name of Creditor Aldus Martin				мо	DAY	YEAR		
Mailing Address 2124 Bald Eagle Road			12	1	2006	\$	235.00	
City Drumore	State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot		
	PA	17518		Buildin	g rental an	d musio	cal er	ntertainment.
								PAGE TOTAL
Enter Grand Total of Unpaid Deb	ts on Page 1, Repo	ort Cover Pa	ge, item	в.			\$	8,976.09