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 2012	20190			Rep File			CA	NDI	DATE		COM	AITTEE	V	LUBB	1131	
Name of Filing C	ommittee, Candid	late or L	obbyist:	•	MCCA	ART	ER, S	STEVE	E FR	IENDS	OF						
Street Address:	PO BOX 467																
City:	GLENSIDE							State	e:	PA			Zip Co	de: 19	9038		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA		P	POST-	3.		AMENDN REPORT	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7. X	Year 2014					NG ME					PAPER			DISKE	ΓΤΕ
Name of Office S	- Sought by Candida	te:						DAT	ΈΟ	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
DEDDECENTATI	VE IN THE GENER)	EMRIV					МО		DAY	YE	AR	154	STH	DEM	•	46
REFRESENTATI	VE IN THE GENE	VAL ASS	LINDLI						11		4	2014		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YI	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		11 25	20	014	T	0		12		31	2014					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				41,	102.59					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule :	I)	\$					0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				41,1	102.59					
D. Total Expend	ditures (From Sch	edule II	I)				\$				3	370.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				40,7	32.59					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			1		
				AFF	IDA'	VI	ΓSE	CTI	NC								
I swear (or affirm)	s a Committee rep that this report, inc	-	_									_		of my kno	wledge a	ınd belie	ef , true
correct and comple	ete. cribed before me this	.															
	day of		20				•				S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	ire					-						Prin	ted Name	•		
My Commission Ex	rpires						_		•				Ema	il			
	МО	D	AY	YR						Area Code Daytime Telephone Number							=
	a report of a can									_							
No 320) as amende		ny knowl	edge and beli	ief this	politi	cal	comm	ittee h	nas n	ot viola	ed an	y provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20									s	ignature	of Candid	ate		
							-						Printe	ed Name			
My Commission Exp	Signature ires						-						Ema	nil			-
	МО	D	AY	YR						Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MCCARTER, STEVE FRIENDS OF	From:	11/25/201	<u>4</u> To:	12/31/2014
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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)

Name of Filing Committee or Can	didate		Re	porting P	eriod			
			Fro	m:		To):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	1)					
	_							

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

PAGE TOTAL \$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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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	me of Filing Committee or Candidate				Reporting Period						
				Fror	n:		To	o:			
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$		0.00	
City	State	Zi	p Code (Plus	4)							
Employer Name		•			Occupa	tion	•	•			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)	
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Can	didate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		-
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description							•	
Enter Grand Total of Part E on S	Schedule I Detailer	d Summary Page	Section	4		[P	PAGE TOTAL
zneci Grana rotar or r art z on o	renedure 1/ Detaned	· Summary rage,	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 Per	iod	
MCCARTER, STEVE FRIENDS OF	From:	<u>11/25/2014</u> To:	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period				
MCCARTER, STEVE FRIENDS (OF		From <u>11/25/2014</u> To:				12/31/2014	
		<u> </u>	DATE AMOU					
To Whom Paid Vertical Response			МО	DAY	YEAR			
Mailing Address 50 Beale Street				10	2014	\$	120.00	
City San Francisco	State CA	Zip Code (Plus 4) 94105	1	ption of Exp et Marketin				
To Whom Paid Friends of Jason Salus			МО	DAY	YEAR			
Mailing Address P. O. Box 1	214		12	29	2014	\$	250.00	
City Norristown	State PA	Zip Code (Plus 4) 19404	Description of Expenditure Contribution					
	'	'					PAGE TOTAL	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

370.00