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 201	20190				Repo Filed			CAN	IIDI	DATE		СОМ	MITTEE	✓	LOB	BYIS		
Name of Filing C	ommittee, Candi	date or L	obbyis	t:		МССА	RTER	, S	ΓEVE	FR.	IENDS	OF	:		•				
Street Address:	PO BOX 467																		
City:	GLENSIDE							9	State	:	PA			Zip Co	ie: 19	038			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F	RIDAY ARY	PRE-	2.		DAY		Р	OST-	3.		AMENDMENT REPORT?		Yes	\	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F		PRE-	- 5.		DAY CTI		Р	OST-	6. 2	K	TERMINATION REPORT?		Yes		No	\
report type)	ANNUAL REPORT	7.	Year	2016					G ME HECI					PAPER		√	DIS	ETTE	
Name of Office S	ought by Candida	ate:				_	•		DATI	E 0	F ELE	СТІ	ON	District Number	Office Code	Par	ty Co	le Cou Cod	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBL	Y			МО				DAY		YEAR	154	STH	DEI	1	46	
		МО	DA	v I	YEAR			_	40	11	DAY	8	2016		(SEE INS				5)
Summary of Expenditures			10	25		16	то	ľ	МО	11	DAY	28	YEAR 2016		R OFFIC	E USE	ONL	Υ	
A. Amount Bro	ught Forward Fro	m Last R	eport					\$,596.16	1					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sched	lule I	,	\$				3	,685.00	1					
C. Total Funds Available (Sum Of Lines A and B)								\$				70	,281.16						
D. Total Expenditures (From Schedule III)							\$				1	,606.30							
E. Ending Cash Balance (Subtract Line D From Line C)								\$				68,	,674.86						
F. Value Of In-	Kind Contribution	s Receiv	ed (Fr	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedu	ıle IV))			\$					0.00						
					AFFI	[DAV	IT S	EC	TIC	N									
PART I - If this is				_															
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attach	ed sch	edules	filed o	n pape	er oi	r by e	lectr	onic m	ediu	m, are to	the best o	f my knov	vledge	and b	elief , t	rue
Sworn to and subs	cribed before me th day of	is	20							•			Signatur	e of Perso	n Submitt	ing Re _l	ort		
	Signat	ure	_				_							Prin	ted Name				_
My Commission Ex	pires						_							Ema	il				
	МО	D	AY		YR						Are	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	autho	rized (Commi	ittee,	Cand	ida	te sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge an	d belie	f this p	politica	l com	mit	tee h	as no	ot viola	ted a	any provis	ions of th	e act of Ju	ine 3,1	937 (I	P.L. 133	33,
Sworn to and subsc	ribed before me this day of	3	20								-		S	ignature (of Candida	ite			_
			_ 20 _				_							Printe	d Name				-
My Commission Exp	Signature ires									•				Ema	il				-
	мо	D	AY		YR		_				Area	Code	e	D	aytime Te	elephor	ie Nur	nber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MCCARTER, STEVE FRIENDS OF	From:	10/25/20	<u>16</u> To:	11/28/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	485.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	100.00
All Other Contributions (Part B)			\$	600.00
TOTAL for the Reporting	Period	(2)	\$	700.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	2,500.00
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			\$	3,685.00

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		
MCCARTER, STEVE FRIENDS OF	From:	10/25/2016	To:	11/28/2016
		DATE		AMOUNT

Full Name of Contributing Committee FRIENDS OF JASON SALUS			МО	DAY	YEAR	
Mailing Address PO BOX 1214						\$ 100.00
City NORRISTOWN	State PA	Zip Code (Plus 4) 19404	10	26	2016	

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

PAGE TOTAL 100.00

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 Candida	:e		Reporting P	eriod		
MCCARTER, STEVE FRIENDS OF			From:	10/25/	2016 T o	<u>11/28/2016</u>
		l		DATE		AMOUNT
Full Name of Contributor Andreinne Brockwell			мо	DAY	YEAR	
Mailing Address 247 Wyncote Rd						\$ 100.00
City Jenkintown	State PA	Zip Code (Plus 4) 19046	11	7	2016	
Full Name of Contributor Michelle Lockman			МО	DAY	YEAR	
Mailing Address 117 Chesney Lane City Glenside	State PA	Zip Code (Plus 4) 19038	11	7	2016	\$ 100.00
Full Name of Contributor Zilian Bass			МО	DAY	YEAR	
Mailing Address 18 Latham Way						\$ 100.00
City Melrose Park	State PA	Zip Code (Plus 4) 19027	11	7	2016	
Full Name of Contributor Brian Casey		·	МО	DAY	YEAR	
Mailing Address 7868 Spring Ave City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	11	1	2016	\$ 100.00
Full Name of Contributor Paula Wineland			МО	DAY	YEAR	
Mailing Address 528 Curtis Road City Glenside	State PA	Zip Code (Plus 4) 19038	10	27	2016	\$ 200.00

PAGE TOTAL

\$ 600.00

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				
MCCARTER, STEVE FRIENDS OF			From:	10/2	<u>25/2016</u>	То:	<u>11</u>	L <u>/28/2016</u>
		•		DA	TE		A	MOUNT
Full Name of Contributing Committee BAYADA HOME HEALTH CARE PAC				мо	DAY	YEAR		
Mailing Address 1315 WALNUT STRE	ET, STE 600						\$	500.00
City PHILADELPHIA	State PA	Zip Code 19107-0	(Plus 4)	10	29	2016	5	
Full Name of Contributing Committee PSEA-PACE FOR STATE ELECTIONS				МО	DAY	YEAR		
Mailing Address 400 N THIRD ST							\$	1,000.00
City HARRISBURG	State PA	Zip Code 17105-1	(Plus 4) 1724	10	27	2016	5	
Full Name of Contributing Committee NORTHEAST REGIONAL COUNCIL OF C	ARPENTERS NON-PAR	RTISON PE	EC .	мо	DAY	YEAR		
Mailing Address 91 FIELDCREST AVE	RARITAN PLAZA II, 2	2ND FL					\$	1,000.00
City EDISON	State NJ	Zip Code 08837	e (Plus 4)	11	1	2016	5	
				•			•	PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary Pa	ige, Sectio	n 3.			\$	2,500.00

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				Rep	orting Pe	riod			
				Fror	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detai	led Sumr	nary Page,	Section	on 3.			\$	PAGE TOTAL 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 C	Candidate		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 o	on Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTA	ıL
		· • • • • • • • • • • • • • • • • • • •					\$ C	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 Peri	od	
MCCARTER, STEVE FRIENDS OF	From:	<u>10/25/2016</u> To:	<u>11/28/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
MCCARTER, STEVE FRIENDS O	F		From	10/2	5/2016	То:	11/28/2016
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Steve Morris							
Mailing Address 2831 W. Gira	ard Ave		11	2	2016	\$	600.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure	•	
·	PA	19130	Consult	tation fees	;		
To Whom Paid Steve Morris			мо	DAY	YEAR		
Mailing Address 2831 W. Gira	ard Ave		11	18	2016	\$	250.00
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditur			<u> </u>	
rinidacipina	PA	19130	1	ting fee (N			
To Whom Paid Pay Pal			МО	DAY	YEAR		
Mailing Address 2211 North I	First Street		11	19	2016	\$	17.81
City San Jose	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure	•	
	CA	95131	fee for	contribution	ons		
To Whom Paid Steve McCarter			МО	DAY	YEAR		
Mailing Address 211 Waverly	Rd		11	22	2016	\$	358.49
City Glenside	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure	•	
	PA	19038	Stamps	s, Vertical	Response	e and othe	er expenses
To Whom Paid Salem Baptist Church of Jenkint	rown		мо	DAY	YEAR		
Mailing Address 610 Summit			11	18	2016	\$	380.00
City Jenkintown	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	<u> </u>	
33	PA	19046	1	l and 2 din			
	•	•	•				PAGE TOTAL
Enter Grand Total of Expendi	turas an Daga 1 Da	mort Cover Dage Thomas	•			1	