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 :			port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST					
Name of Filing C	Committee, Candid	late or L	obbyist:	•	MCC	CART	ER, S	STEVE FR	IENDS	OF							
Street Address:	PO BOX 467																
City:	GLENSIDE							State:	PA			Zip Cod					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	2ND FRIDAY PRE- 2. 30 PRIMARY PR					POST- 3.			AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- 5. 30 ELECTION					Y F TION	POST- 6.			TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7. X	Year 2021	FILING METHO () CHECK ON										/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		DEM 46				
								11		2	2021	1 (SEE INSTRUCTIONS FOR CODES)					
•	Receipts and	МО	DAY	YEAR	l			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 23	20	020	T	0	12		31	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport	\$ 44,595.8							595.89						
B. Total Moneta	Monetary Contributions And Receipts (From Schedule I) \$ 0.0								0.00								
C. Total Funds Available (Sum Of Lines A and B) \$ 44,595.8								595.89									
D. Total Expenditures (From Schedule III)							\$			2,0	00.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			42,5	95.89						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)	1			\$				0.00			'			
				AFF	ID/	٩VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	If th	is is	a Can	didate re	eport, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached scho	edules	file	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and belie	ef , tru	ıe,
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	ıre					-					Prin	ted Name	•			
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of e	ny knowl	edge and belie	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20						Signature of Candidate								-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, солинавіон Ехр																	
	МО	D	AY	YR					Area	Code		Daytime Telephone Number					

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MCCARTER, STEVE FRIENDS OF	From:	11/23/202	<u>:0</u> To:	12/31/2020
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	(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	J 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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL \$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 Filling Committee of Candidate				Reporting Period From: 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 Candidate			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.)

	From:				То	То:		
			D/	ATE			AMOUNT	
			МО	DAY	YEAR			
						\$	0.00	
Ziţ	p Code (Plus	4)						
			Occupat	tion				
	City			State		Zip Co	ode (Plus 4)	
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00	
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4) Occupation City State	Zip Code (Plus 4) Occupation City State	MO DAY YEAR \$ Zip Code (Plus 4) Occupation City State Zip Co	

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 Ca	ndidate		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	Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTAL
			22300				\$ 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>11/23/2020</u> To:	12/31/2020
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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	nme of Filing Committee or Candidate				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	11/2	3/2020	То:	12/31/2020
				DATE			AMOUNT
To Whom Paid Penn Future			МО	DAY	YEAR		
Mailing Address 610 N. Thir	d Street		12	7	2020	\$	1,000.00
City Harrisburg State Zip Code (Plus 4) PA 17101				ption of Exp oution	penditure		
To Whom Paid National Caucus of Environmental Legislators				DAY	YEAR		
Mailing Address 1100 H Str	eet NW Suite 600		12	6	2020	\$	500.00
City Washington	State DC	Zip Code (Plus 4) 20005	Descri Contrib	ption of Exp oution	penditure		
To Whom Paid Conservation Voters of PA	·		МО	DAY	YEAR		
Mailing Address P. O. Box 2	125		12	29	2020	\$	500.00
City Philadelphia State Zip Code (Plus 4) PA 19103				ption of Exp oution	oenditure	<u> </u>	
Enter Grand Total of Expend	ditures on Page 1. Re	nort Cover Page Item [).				PAGE TOTAL

2,000.00