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			CANDI	DATE		СОМ	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	Ī	MCC	:ART	ΓER, S	STEVE FR	IENDS	OF							
Street Address:	PO BOX 467																
City:	GLENSIDE							State:	PA			Zip Cod	ie: 19	038			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	. 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINATION Yes REPORT?			No	•	
report type)	ANNUAL REPORT	7.	Year 2022					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
	,							МО	DAY	YE	AR	Number	Toode	DEN	1	46	
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR O	ODES)	
Summary of Expenditures	Receipts and	МО	DAY Y	EAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			1 1	20	022	Т	0	5		2	2022						
A. Amount Bro	ught Forward Froi	m Last R	eport				\$			36,2	24.39						
B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			36,2	24.39						
D. Total Expen	ditures (From Sch	edule II	I)				\$			5,5	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			30,7	24.39						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00						
			F	\FF	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f thi	is is	a Can	ndidate re	eport, o	andio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	dules	filed	l on	paper (or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge :	and belie	ef , tru	e,
Sworn to and subs	cribed before me this day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ıre					- -					Prin	ted Name	<u> </u>			-
My Commission Ex	cpires											Ema	il				-
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	1333	,
Sworn to and subso	ribed before me this										s	ignature o	of Candida	ate			-
	day of						-					Printe	d Name				-
	Signature						-										-
My Commission Exp	pires											Ema	"				
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MCCARTER, STEVE FRIENDS OF	From:	1/1/202	<u>2</u> To:	5/2/2022
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	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

Name of Filing Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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 Filing Committee or	Candidate		Rep	oorting P	eriod			
			Fro	m:		To	o :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	I	
MCCARTER, STEVE FRIENDS OF	From:	<u>1/1/2022</u> To:	<u>5/2/2022</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	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:			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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	e		Reporti	ng Period			
MCCARTER, STEVE FRIENDS OF			From	<u>1/:</u>	1/2022	То:	5/2/2022
				DATE			AMOUNT
To Whom Paid Friends of Napoleon Nelson			мо	DAY	YEAR		
Mailing Address P. O. Box 53			3	20	2022	\$	500.00
City Wyncote	State	Zip Code (Plus 4)	Descrit	tion of Exp	enditure	<u>'</u>	
PA 19095			Contrib				
To Whom Paid Penn Future			МО	DAY	YEAR		
Mailing Address 610 N. Third Stree	t		3	21	2022	\$	2,500.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	· ·	
.	PA	17101	Contrib				
To Whom Paid Conservation Voters of PA			МО	DAY	YEAR		
Mailing Address P. O. Box 2125			4	20	2022	\$ \$	2,500.00
City Philadelphia	State	Zip Code (Plus 4)	Danamin	tion of Exp	!		

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

\$ 5,500.00

19103

Contribution

PΑ