Campaign Finance Report

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

Filer Identification 20120190 Number :						oort		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		MCC	CART	ΓER, S	STEVE FF	RIENDS	OF						
Street Address:	P.O. BOX 467	7														
City:	GLENSIDE							State:	PA			Zip Cod	le: 19	9038		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	OST- 3.			IENT	Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	PRE- 5. 30 DAY PORTION				POST- 6. X			TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2022				FILING METHOD () CHECK ONE					PAPER		/	DISKE	TTE
Name of Office S	me of Office Sought by Candidate:							N	District Number	Office Code	Par	ty Code	County Code			
	-							МО	DAY	YE	AR	rumber	code			couc
								11		8	2022		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł		_	МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY	
			10 25	2	022	Т	0	11		28	2022					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	1)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00					
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line (C)			\$			17,4	66.89					
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1		
				AFF	IDA	١٧٧	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If thi	is is	a Can	ndidate r	eport, o	andi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sch	nedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	oort	
							-					Prin	ted Name	e		
My Commission Ex	Signatı opires	ire										Ema	il			
	МО	D	AY	YR			-		Are	ea Cod	le		e Telepi	none 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 a	my knowle	edge and beli	ef this	polit	ical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of						_					Deint	d Name			
	Signature						-					Printe	d Name			
My Commission Exp	_											Ema	il			
	мо	D	AY	YR	2		-		Area	Code		Da	aytime T	elephor	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:	10/25/202	<u>2</u> To:	11/28/2022
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) Period	(4)	\$	0.00
			1	
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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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			Rep Fro	oorting P	eriod	To):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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.

ame of Filing Committee or Candidate Report			Reporting	ting 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	ame of Filing Committee or Candidate				riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 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, Detailed Su	ımmary 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	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	on Schedule I. Detailer	l Summary Page	Section	4				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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>10/25/2022</u> To:	11/28/2022
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	lame of Filing Committee or Candidate			g Period				
Fr				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 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	Reporting Period	
	From:	То:

						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)					
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Princ Business	ipal Place of	City	Stat	e	Zip 4)	Code(Plus	Descri	ption of C	Contribution
Enter Grand Total of Part G Summary Page, Section 3.	on Schedule II	i, In-Kind	 Contributions I	Petail	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporti						
	From		То:				
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
-							PAGE TOTAL
Enter Grand Total of Expen	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I					\$	0.00