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 :			Report CAND			IDATE		СОМ	ITTEE	✓	LOBE	YIST				
Name of Filing C	Committee, Candid	late or L	obbyist:		MCCA	AR٦	ER, S	STEVE F	RIEND	S OF			-			
Street Address:	PO BOX 467															
City:	GLENSIDE							State:	PA	PA Zip Code: 19038						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	2ND FRIDAY PRE- 2. I					POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5. X	30 DA		POST-	POST- 6.			ATION ?	Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2023					IG METI CHECK				PAPER		\checkmark	DISKE	ГТЕ
Name of Office S	Sought by Candida	rte:	•					DATE	OF ELE	CTIC)N	District Number	Office Code	Pari	ty Code	County Code
								МО	DAY	Y	EAR		10000	DEM		46
								1	1	7	2023		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY Y	EAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s trom:		6 5	20	023	Т	0	1	0	23	2023					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			8,	903.31					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule :	I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B) \$										8,	903.31					
D. Total Expenditures (From Schedule III)							\$			3,6	500.00					
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			5,3	303.31					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scho	edul	e II))	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00					
			A	\FF	IDA	VI	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this	s is	a Can	didate	report,	candi	date sig	jn here.				
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached sched	dules	filed	on	paper (or by ele	ctronic m	edium	, are to t	the best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me th	s	20							!	Signature	of Perso	n Submit	ting Rep	ort	
	Signate	ire	-				-					Prin	ted Name	e		
My Commission Ex	_											Ema	il			
	мо	D	AY	YR			_		Aı	ea Co	de	Daytim	e Telepi	none Nui	nber	
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	e, Ca	andida	ate sha	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politi	ical	commi	ittee has	not viola	ited ar	ny provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this								Signature of Candidate							
	day of 						-					Drints	d Name			
	Signature						-									
My Commission Exp	-										_	Ema	il		_	
	МО	D	AY	YR			•		Area	Code		Da	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:	<u>6/5/202</u>	<u>З</u> То:	10/23/2023
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

	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.

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 Candida	ite		Rep	oorting P	eriod			
						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	ame 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.)

ame of Filing Committee or Candidate				Rep	orting Pe				
				Fror	n:		To) :	
			_		D	ATE		А	MOUNT
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/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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:	6/5/2023 To:	10/23/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidat	Reporting	g Period					
	From:						
				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					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	Candidate		Reportir	ng Period			
MCCARTER, STEVE FRIENDS	OF		From	<u>6/!</u>	5/2023	То:	10/23/2023
				DATE			AMOUNT
To Whom Paid Montgomery County Democra	tic Committee		мо	DAY	YEAR		
Mailing Address P. O. Box 857				14	2023	\$	1,600.00
City Norristown State Zip Code (Plus 4) PA 19404				otion of Exp oution	penditure		
To Whom Paid League of Conservation Voters			мо	DAY	YEAR		
Mailing Address P. O. Box 2	2125		8	7	2023	\$	1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	Descrip Gala Ev	otion of Exp vent	penditure		
To Whom Paid PA House Democratic Campai	gn Committee		МО	DAY	YEAR		
Mailing Address P. O. Box 555			9	4	2023	\$	1,000.00
City Harrisburg State Zip Code (Plus 4) PA 17108			Descrip Contrib	otion of Exp oution	enditure		
	I	I					PAGE TOTAL

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

3,600.00