#### **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			Rep File			CANDI	DATE		СОМ	<b>ITTEE</b>	✓	LOBE	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		MCC	CART	ΓER, S	STEVE FR	RIENDS	OF							
Street Address:	PO BOX 467																
City:	GLENSIDE							State:	PA			Zip Cod	de: 19	9038			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pri	Ē- 5	5.	30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	No	•	<b>/</b>
report type)	ANNUAL REPOR	<b>T</b> 7. <b>X</b>	<b>Year</b> 2023					NG METHO				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	- ought by Candid	ate:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		10000	DEM	1	46	
								11		7	2023		(SEE IN	ISTRUCTIO	ONS FOR (	CODES)	1
Summary of Expenditures	Receipts and	МО	DAY	YEAR	<b>R</b>		_	МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
			11 28	2	023	Т	<u> </u>	12		31	2023	]					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			5,3	303.31						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sum (	of Lines A	and B)				\$			5,3	303.31						
D. Total Expend	ditures (From Sc	hedule II	I)				\$			3,2	250.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			2,0	53.31						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	')			\$				0.00			1			
				AFF	IDA	١٧٧	T SE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign	here.	If thi	is is	a Can	ndidate r	eport, o	candi	date sig	gn here.					
I swear (or affirm) correct and complete	that this report, in ete.	cluding the	e attached sc	hedule	s filed	d on	paper (	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me th	is	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
							-					Drin	ted Name				_
My Commission 7	Signat	ure					_										_
My Commission Ex	MO		AY	YR			-			ea Cod	le	Daytin	il ne Telepl	none Nu	mher		-
Dart II. If this is						o C	andid.	ate chall				- 476111	. стері				믬
Part II- If this is  I swear (or affirm)	•					•					v provis	ions of th	e act of 1	une 3 10	37 (D I	1333	
No 320) as amende	ed.	-	euge unu ben	er ems	Polic	icai	COIIIII	ittee nas n	oc viola	ceu an	y provis	10113 01 111	e act of 3	une 3,1.	)37 (F.E	. 1555	<u>"</u>
Sworn to and subsc	day of	•	20								S	ignature (	of Candid	ate			
							-					Printe	d Name				-
My Commission Exp	Signature ires	1					-					Ema	il				-
		=	AV	**-			-		A	Cod-			autima T	'alanha	o Numb		-
	МО	D	AY	YR					Area	Coue		D	aytime T	elephon	e Mumb	CI.	- 1

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

-				
Name of Filing Committee or Candidate	Reporting	g Period		
MCCARTER, STEVE FRIENDS OF	From:	11/28/202	<u>3</u> To:	12/31/2023
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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	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 C	Candidate		Rep	porting P	eriod			
			Fro	m:		To	<b>):</b>	
					DATE		AMOUI	NT
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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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.)

			Rep	orting Pe	riod				
			Fror	n:		1	Го:		
				D	ATE			AMOUN	IT
				МО	DAY	YEAR	2		
								\$	0.00
State	Zip (	Code (Plus	5 4)						
				Occupa	tion				
e of		City			State		Zip	Code (Plu	us 4)
dule I, Detailed Su	umma	ry Page,	Section	on 3.			\$	PAGE T	0.00
	e of	e of	e of City	State Zip Code (Plus 4)	From:  MO  State Zip Code (Plus 4)  Occupation	State Zip Code (Plus 4)  Occupation  October State	State Zip Code (Plus 4)  Occupation  City  State	State Zip Code (Plus 4)  Occupation  Occupation  City State Zip  Odule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4)  Occupation  Occupation  Occupation  Occupation  PAGE 1

## 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		AI	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	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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>11/28/2023</u> <b>To:</b>	<u>12/31/2023</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						<b>\$</b>	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	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ng Period			
MCCARTER, STEVE FRIENDS C	)F		From	11/2	8/2023	То:	12/31/2023
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Penn Futures							
Mailing Address 610 N. Third	d Street		12	13	2023	\$	2,000.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure	·	
J	PA	17101	Contrib	ution			
<b>To Whom Paid</b> Friends of Matt Bradford			мо	DAY	YEAR		
Mailing Address P. O. Box 34	19		12	13	2023	     \$	500.00
	State	Zin Codo (Plus 4)					300.00
<b>City</b> Norristown	PA	<b>Zip Code (Plus 4)</b> 19404	<b>Descrip</b> Contrib	otion of Exp	oenditure	•	
		13101	Contrib	, delon			
<b>To Whom Paid</b> MAD4PA			МО	DAY	YEAR		
Mailing Address P. O. Box 44	14		12	13	2023	\$	250.00
City Glenside	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure	<u>'</u>	
	PA	19038	Contrib	ution			
<b>To Whom Paid</b> Friends of Napoleon Nelson			МО	DAY	YEAR		
Mailing Address P. O. Box 5	3		12	13	2023	\$	250.00
<b>City</b> Wyncote	State	Zip Code (Plus 4)	Descrip	tion of Exp	ı Denditure	<u> </u>	
,	PA	19095	Contrib				
<b>To Whom Paid</b> Friends of Ben Sanchez	•	·	МО	DAY	YEAR		
Mailing Address P. O. Box 5	3		12	13	2023	\$	250.00
<b>City</b> Jenkintown	State	Zip Code (Plus 4)	Descrin	tion of Ex	l penditur <i>e</i>	<u> </u>	
SCHRIHOWII	PA	19046	Contrib			-	
	1	I	1				PAGE TOTAL
<b>Enter Grand Total of Expend</b>			_				