# **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 20	0210103			Report Filed B		CANDI	DATE		СОМ	ITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Can	didate or l	Lobbvist:			-	L MEGAN S		AN						
Street Address:	PO BOX 34														
City:	WEST CHE	STER					State:	PA			Zip Co	<b>de:</b> 19	380-8	777	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	<ul> <li>✓</li> </ul>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE-	5.	30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	Nc	$\checkmark$
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2021	L			NG METHO CHECK O						$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Cand	idate:					DATE O	FELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR	-1	SPR	REP		15
JUDGE OF THE	SUPERIOR CO	URI					11		2	2021		(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		3 30	20	21 <b>T</b>	0	5		3	2021					
A. Amount Bro	ught Forward F	rom Last I	Report			\$			39,0	12.63					
B. Total Monet	ary Contributio	ns And Re	ceipts (From	m Sched	ule I)	\$			16,7	50.00					
C. Total Funds Available (Sum Of Lines A and B)									55,7	62.63					
D. Total Expen	ditures (From S	Schedule I	11)			\$			12,5	01.00					
E. Ending Cash	Balance (Subt	ract Line D	) From Line	C)		\$			43,2	61.63	-				
F. Value Of In-	Kind Contributi	ons Receiv	ved (From S	Schedule	e II)	\$				0.00	-				
G. Unpaid Debt	ts And Obligation	ons (From	Schedule I	V)		\$				0.00					
				AFFI	DAVI	T SE	CTION								
PART I - If this is		• •	-							-					•
I swear (or affirm) correct and comple		including th	ne attached so	chedules	filed on	paper	or by elect	ronic me	edium,	are to t	the best o	f my know	vledge	and beli	ef , true
Sworn to and subs	cribed before me day of	this	20			_			S	ignature	e of Perso	n Submitt	ing Rep	ort	
	Sign	ature				_					Prin	ted Name			
My Commission Ex	-					_					Ema	il			
	мо	[	YAY	YR				Are	ea Cod	e	Daytin	ne Telepho	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authorized	d Commi	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amendo		of my know	ledge and be	lief this p	oolitical	comm	ittee has n	ot violat	ted any	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	1333,
Sworn to and subso	ribed before me t day of	his	20							s	ignature (	of Candida	ite		
						-					Printe	ed Name			
My Commission Exp	Signatu vires	ire				-					Ema	il			
	мо	ſ	DAY	YR		-		Area	Code		D	aytime Te	elephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF MEGAN SULLIVAN From: <u>3/30/2021</u> To: <u>5/3/2021</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 250.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 250.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 16,500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 16,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 16,750.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# PART A

# **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Commit	tee or Candidate		Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing	g Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Γ	PAGE TOTAL
nter Grand Total of Part A on Schedule I, Detailed Summary Page, Secti						\$	0.00

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

\$

PART B 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									
FRIENDS OF MEGAN SULLIVAN					From: <u>3/30/2021</u> T			<b>5</b> : <u>5/3/2021</u>	
DATE								AMOUNT	
Full Name of Contributor Kathleen Sullivan				мо	DAY	YEAR			
Mailing Address 6003 Creekside Dr	ive				_		\$	100.00	
City Flourtown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19031		4	5	2021			
Full Name of Contributor Kathy Liebler				мо	DAY	YEAR			
Mailing Address 517 Logan Rd.				_			\$	150.00	
CityPhoenixvilleStateZip Code (Plus 4)PA19460				4	21	2021			
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, S	ection 2	-		\$	250.00	

# 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 Candid	ate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

# PART D 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 Candida	ite			Rep	orting Pe	riod			
FRIENDS OF MEGAN SULLIVAN				From	n:	<u>3/30/2</u>	<u>021</u> To	: <u>5/3/2021</u>	
					DA	ATE		AMOUNT	
Full Name of Contributor Dallas Krapf					мо	DAY	YEAR		
Mailing Address 407 Jacobs Court								<b>\$</b> 1,000.00	
City Exton	State	Zi	p Code (Plus	<b>5 4)</b>	4	28	2021		
	PA	19	9341						
Employer Name Krapf Transportation				Occupat	t <b>ion</b> P	residen	t		
Employer Mailing Address/Principal F Business	Place of		City		1	State		Zip Code (Plus 4)	
1060 Saunders Ln.   West Chester				PA		19380			
Full Name of Contributor David W. Moser				мо	DAY	YEAR			
Mailing PO Box 566 Address								<b>\$</b> 500.00	
City Exton	State	Zi	p Code (Plus	54)	4	22	2021		
	PA	19	9341						
Employer Name DFT, Inc.		•			Occupat	t <b>ion</b> P	residen	t	
Employer Mailing Address/Principal F Business	Place of		City		State Zip Co			Zip Code (Plus 4)	
140 Sheree Blvd.			Exton			PA		19341	
Full Name of Contributor Goodman Properties, LLC					мо	DAY	YEAR		
Mailing 636 Old York Road	l							\$ 5,000.00	
City Jenkintown	State	Zi	p Code (Plus	54)	4	20	2021		
	PA	19	9046						
Employer Name Goodman Properties, LLC				Occupat	tion N	I/A			
Employer Mailing Address/Principal Place of City Business				State			Zip Code (Plus 4)		
636 Old York Road			Jenkintov	wn	PR 19046			19046	

Full Name of Contributor Robert Barensfeld	ailing 600 Commercial Avenue					
Mailing 600 Commercial Aven	ue					<b>\$</b> 10,000.00
City Ellwood City	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16117	4 5 20.		2021	
Employer Name Retired	Employer Name Retired					
Employer Mailing Address/Principal Place Business	e of	City		State		Zip Code (Plus 4)
Retired		Retired		PA		00000
Enter Grand Total of Part C on Sche	dule I, Detailed S	on 3.		Γ	PAGE TOTAL	
	<u>د</u>	≸ 16,500.00				

## PART E **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	ing Perio	d					
			From:	From: To				):		
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address	Mailing Address						\$	i	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description	Receipt Description									
Enter Grand Total of Part F on Schedu	le T. Detailed Summ	nary Page	Section	4				PAGE TO	ΓAL	
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Sectior							\$		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	
FRIENDS OF MEGAN SULLIVAN	From:	<u>3/30/2021</u> <b>то:</b>	<u>5/3/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period				
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

### PAGE 11

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State	Zip Code(Plus 4)								
Employer of Contributor	1		1		Occupation					
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	otion of	Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, Iı	n-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
FRIENDS OF MEGAN SULLIVAN			From	<u>3/3(</u>	0/2021	То:	<u>5/3/2021</u>		
				DATE			AMOUNT		
<b>To Whom Paid</b> Vistaprint			мо	DAY	YEAR				
Mailing Address Hudsonweg 8			4	12	2021	\$	125.04		
City Venlo, the Netherlands, 5	State PA	<b>Zip Code (Plus 4)</b> 00000		Description of Expenditure Business cards & magnets					
<b>To Whom Paid</b> Courtyard Altoona			мо	DAY	YEAR				
Mailing Address 2 Convention Cente	r Drive		4	5	2021	\$	197.58		
City     Altoona     State     Zip Code (Plus 4)       PA     16602				Description of Expenditure Hotel room					
<b>To Whom Paid</b> Lake Raystown Resort			мо	DAY	YEAR				
Mailing Address 3101 Chipmunk Cro	ssing		4	5	2021	\$	255.31		
City Entriken	State PA	<b>Zip Code (Plus 4)</b> 16638	Description of Expenditure Hotel rooms						
To Whom Paid Bulls Head Public House		·	мо	DAY	YEAR				
Mailing Address 14 E. Main Street			4	9	2021	\$	75.17		
City Lititz	State PA	<b>Zip Code (Plus 4)</b> 17543		<b>otion of Exp</b> with Senat					
To Whom Paid TTRC			мо	DAY	YEAR				
Mailing Address PO Box 324	Mailing Address PO Box 324			12	2021	\$	500.00		
City Wayne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087	Description of Expenditure           Sponsor a TTRC Derby Day						

<b>To Whom Paid</b> ParkMobile			мо	DAY	YEAR		
Mailing Address 1100 Spring	Street NW		4	14	2021	\$	3.35
City Atlanta	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure		
	GA	30309	Parking	g in Harrist	burg		
<b>To Whom Paid</b> ParkMobile			мо	DAY	YEAR		
Mailing Address 1100 Spring	Street NW		4	14	2021	\$	6.35
City <sub>Atlanta</sub>	State	Zip Code (Plus 4)	Descrit	 otion of Exp	 penditure		
	GA	30309		g in Harrist			
To Whom Paid Red Maverick Media	I	L	мо	DAY	YEAR		
Mailing Address 1426 N. 3rd	St., Ste 310		4	15	2021	\$	9,538.28
City Harrisburg	State	Zip Code (Plus 4)	Descriț	tion of Ex	penditure	<b>I</b>	
PA 17102				igns & Ship	oping		
To Whom Paid Allen B. Coffman			мо	DAY	YEAR		
Mailing Address 112 Pennsyl	vania Ave.		4	17	2021	\$	100.00
City Chambersburg	State	Zip Code (Plus 4)	Descrip	l otion of Exp	l penditure	<b>I</b>	
	PA	17201	Franklin County Lincoln Day dinner				
To Whom Paid Red Maverick Media	<u> </u>		мо	DAY	YEAR		
Mailing Address 1426 N 3rd 3	St., Suite 310		4	30	2021	\$	199.92
City Harrisburg	State	Zip Code (Plus 4)	Descriț	l otion of Exp	l penditure		
	PA	17102	Busines	ss Cards &	Shipping	]	
<b>To Whom Paid</b> Bonn Allen	<u> </u>		мо	DAY	YEAR		
Mailing Address 1660 Hidden Way			4	30	2021	\$	1,500.00
City Malvern State Zip Code (Plus 4)			Descriț	l otion of Exp	l penditure		
PA 19355				tation fee			
Fator Crowd Tatal of Evnand	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						PAGE TOTAL
	ter Grand Total of Expenditures on Page 1, Report Cover Page, Item I					\$	12,501.00