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 202	1C0115				port ed B		CAN	DII	DATE	√	CC	OMMITTE		LOB	BYIS ⁻	Г	
Name of Filing C	Committee, Candid	date or L	obbyist:		SUL	LIV	λN , Μ	1EGAN										
Street Address:																		
City:								State:					Zip Cod	e: 19	9301			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		P	OST-	3.		AMENDMENT Yes REPORT?				Vo	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		P	OST-	6.		TERMINA REPORT?	TION	Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2021					IG MET CHECK							V	DIS	KETTE	
Name of Office S	Sought by Candida	ate:	•		-			DATE	OI	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Co	de Cou	
								МО		DAY	'	YEAR	-1	SPR	REF)	15	
JUDGE OF THE	SUPERIOR COUF	ξT						1	11		2	2021	 	(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	,	YEAR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:		6 8	2	021	T	0		9	:	13	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport	•			\$	'				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sch	iedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')			\$					0.00						
				AFF	IDA	٩VI	T SE	CTIO	N									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	If th	is is	a Car	ndidate	re	port, c	cand	didate si	gn here.					
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached sc	hedules	s file	d on	paper	or by ele	ectr	onic m	ediu	m, are to	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me th	is	20						-			Signatur	e of Person	Submit	ting Re	ort		_
	Signate						- -		-				Print	ed Name	•			_
My Commission Ex	-								-				Email					_
	мо	D.	AY	YR			_		_	Arc	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	polit	tical	comm	ittee has	s no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (1	P.L. 133	33,
Sworn to and subsc	ribed before me this	1										S	ignature o	f Candid	ate			-
	day of						_						Printer	i Name				_
	Signature						-		_		_							_
My Commission Exp	-												Email					
	МО	D	AY	YR	ł		-			Area	Code	e	Da	ytime T	elephor	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SULLIVAN , MEGAN	From:	<u>6/8/202</u>	<u>1</u> To:	9/13/2021
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	Name of Filing Committee or Candidate				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 Fining Committee of Candidate				Reporting Period From: To:				
					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 Candidate R			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			Reporting Period						
From:				om: To:					
				D	ATE		A	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	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	Name of Filing Committee or Candidate				Reporting Period						
			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		
SULLIVAN , MEGAN	From:	<u>6/8/2021</u> To:	<u>9/13/2021</u>
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 Candid	Name of Filing Committee or Candidate						
	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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting P	Period			
				Fro	om:		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/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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