### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 202                         | 21C0115      |                     |            |        | port<br>ed B |        | CAN     | IIDI                             | DIDATE COMMITTEE LOBBYIST |         |              |                    |                |         |        |           |          |
|---|--------------------------------|--------------|---------------------|------------|--------|--------------|--------|---------|----------------------------------|---------------------------|---------|--------------|--------------------|----------------|---------|--------|-----------|----------|
| Name of Filing C                          | Committee, Cand                | idate or L   | obbyist:            |            | SUL    | LIVA         | ۸N , N | 1EGAN   | ١                                |                           |         |              |                    |                |         |        |           |          |
| Street Address:                           |                                |              |                     |            |        |              |        |         |                                  |                           |         |              |                    |                |         |        |           |          |
| City:                                     |                                |              |                     |            |        |              |        | State   | :                                |                           |         |              | Zip Cod            | e: 19          | 9301    |        |           |          |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY     | 1.           | 2ND FRID<br>PRIMARY | AY PRE     | -      | 2.           | 30 DA  |         | Р                                | OST-                      | 3.      |              | AMENDME<br>REPORT? | ENT            | Yes     | N      | 0         | <b>\</b> |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION    | 4.           | 2ND FRID            |            | E-     | 5. <b>X</b>  | 30 DA  |         | POST- 6. TERMINATION Yes REPORT? |                           |         |              |                    |                | ٨       | 0      | <b>\</b>  |          |
| report type)                              | ANNUAL REPOR                   | <b>T</b> 7.  | Year 202            | 1          |        |              |        |         | IETHOD PAPER D.                  |                           |         |              |                    | DISK           | ETTE    |        |           |          |
| Name of Office S                          | Sought by Candid               | <br>late:    |                     |            |        |              |        | DAT     | E O                              | F ELE                     | СТІ     | ON           | District<br>Number | Office<br>Code | Pai     | ty Cod | e Cou     |          |
|   |                                |              |                     |            |        |              |        | МО      |                                  | DAY                       |         | YEAR         | -1                 | SPR            | REF     | )      | 15        |          |
| JUDGE OF THE                              |                                |              |                     |            |        | 11           |        | 2       | 2021                             | ┢                         | (SEE IN | STRUCTI      | ONS FOI            | CODES          | 6)      |        |           |          |
| Summary of                                | Receipts and                   | МО           | DAY                 | YEAF       | ₹      |              |        | МО      |                                  | DAY                       | ,       | YEAR         | FOI                | ROFFIC         | CE USE  | ONLY   | 7         |          |
| Expenditures                              | from:                          |              | 9 1                 | 4 2        | 021    | Т            | 0      |         | 10                               |                           | 18      | 2021         |                    |                |         |        |           |          |
| A. Amount Bro                             | ught Forward Fr                | om Last R    | leport              |            |        |              | \$     |         |                                  |                           |         | 0.00         |                    |                |         |        |           |          |
| B. Total Moneta                           | ary Contribution               | s And Rec    | eipts (Fro          | m Sche     | dule   | e I)         | \$     |         |                                  |                           |         | 0.00         |                    |                |         |        |           |          |
| C. Total Funds                            | Available (Sum                 | Of Lines A   | and B)              |            |        |              | \$     |         |                                  |                           |         | 0.00         |                    |                |         |        |           |          |
| D. Total Expend                           | ditures (From So               | hedule II    | I)                  |            |        |              | \$     |         |                                  |                           |         | 0.00         |                    |                |         |        |           |          |
| E. Ending Cash                            | Balance (Subtra                | ct Line D    | From Line           | e C)       |        |              | \$     |         |                                  |                           |         | 0.00         |                    |                |         |        |           |          |
| F. Value Of In-                           | Kind Contributio               | ns Receiv    | ed (From            | Schedu     | le II  | [)           | \$     |         |                                  |                           |         | 0.00         |                    |                |         |        |           |          |
| G. Unpaid Debt                            | s And Obligation               | ıs (From S   | Schedule 1          | IV)        |        |              | \$     |         |                                  |                           |         | 0.00         |                    |                |         |        |           |          |
|   |                                |              |                     | AFF        | FIDA   | ٩VI          | T SE   | CTIC    | N                                |                           |         |              |                    |                |         |        |           |          |
| PART I - If this is                       | s a Committee re               | port, trea   | surer sigr          | here.      | If th  | is is        | a Car  | ndidat  | e re                             | port, o                   | cano    | didate sig   | gn here.           |                |         |        |           |          |
| I swear (or affirm)<br>correct and comple | ) that this report, in<br>ete. | icluding the | e attached s        | chedule    | s file | d on         | paper  | or by e | lectr                            | onic m                    | ediu    | ım, are to t | the best of        | my kno         | wledge  | and be | lief , tr | rue      |
| Sworn to and subs                         | cribed before me to<br>day of  | nis          | 20                  |            |        |              |        |         | ,                                |                           |         | Signature    | e of Person        | Submit         | ting Re | oort   |           | _        |
|   | Signa                          | ture         |                     |            |        |              | -      |         |                                  |                           |         |              | Printe             | ed Name        | •       |        |           | _        |
| My Commission Ex                          | cpires                         |              |                     |            |        |              |        |         | •                                |                           |         |              | Email              |                |         |        |           | -        |
|   | мо                             | D            | AY                  | YR         |        |              |        |         |                                  | Are                       | ea C    | ode          | Daytime            | Teleph         | one Nu  | mber   |           |          |
| Part II- If this is                       | a report of a ca               | ndidate's    | authorize           | d Comr     | nitte  | e, C         | andid  | ate sh  | all                              | sign he                   | ere.    |              |                    |                |         |        |           |          |
| I swear (or affirm)<br>No 320) as amende  |                                | f my knowl   | edge and be         | elief this | s poli | tical        | comm   | ittee h | as no                            | ot viola                  | ted     | any provis   | ions of the        | act of J       | une 3,1 | 937 (P | .L. 133   | з,       |
| Sworn to and subsc                        |                                | is           |                     |            |        |              |        |         |                                  |                           |         | s            | ignature of        | Candid         | ate     |        |           | -        |
|   | day of<br>—                    |              |                     |            |        |              | -      |         |                                  |                           |         |              | Printed            | l Name         |         |        |           | _        |
|   | Signatur                       |              |                     |            |        |              | -      |         |                                  |                           |         |              | Fillitet           | . Maille       |         |        |           | _        |
| My Commission Exp                         | _                              | -            |                     |            |        |              |        |         | •                                |                           |         |              | Email              |                |         |        |           | - $ $    |
|   | МО                             | D            | AY                  | YF         | ₹      |              | •      |         |                                  | Area                      | Cod     | e            | Da                 | ytime T        | elephor | ne Num | ber       | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |              |            |
|--|-----------|----------|--------------|------------|
| SULLIVAN , MEGAN   | From:     | 9/14/202 | <u>1</u> To: | 10/18/2021 |
| 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

|                         | this Part to itemize only with an aggregate valu |                  |                  |     |      |      |               |            |  |
|-------------------------|--|------------------|------------------|-----|------|------|---------------|------------|--|
| Name of Filing Comm     | nittee or Candidate                              |                  | Reporting Period |     |      |      |               |            |  |
|                         |  |                  | Fre              | om: |      | То   | :             |            |  |
|                         |  | <u> </u>         |                  |     | DATE |      |               | AMOUNT     |  |
| Full Name of Contributi | ing Committee                                    |                  |                  | МО  | DAY  | YEAR |               |            |  |
| Mailing Address         |  |                  |                  |     |      |      | \$            | 0.00       |  |
| City                    | State  | Zip Code (Plus 4 | )                |     |      |      |               |            |  |
|                         | •  | ·                |                  |     | •    | •    | $\overline{}$ | DACE 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 Filling Committee of Candidate |       |                   |   |    | Reporting Period From: To: |      |    |        |  |  |
|--|-------|-------------------|---|----|----------------------------|------|----|--------|--|--|
|  |       |                   | l |    | 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 | me of Filing Committee or Candidate Report |          |             | ting 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.)

| ame of Filing Committee or Candidate               |                 |          |              | Reporting Period |        |       |      |       |            |                 |
|--|-----------------|----------|--------------|------------------|--------|-------|------|-------|------------|-----------------|
|  |                 |          |              | Fror             | n:     |       | To   | То:   |            |                 |
|  |                 |          |              |                  | D      | ATE   |      |       | AMOUNT     |                 |
| Full Name of Contributor                           |                 |          |              |                  | мо     | DAY   | YEAR |       |            |                 |
| Mailing<br>Address                                 |                 |          |              |                  |        |       |      | \$    |            | 0.00            |
| City   | State           | Zi       | p Code (Plus | 4)               |        |       |      |       |            |                 |
| Employer Name                                      |                 | •        |              |                  | Occupa | tion  | •    | •     |            |                 |
| Employer Mailing Address/Principal Pla<br>Business | ce of           |          | City         |                  |        | State |      | Zip C | Code (Plus | 4)              |
| Enter Grand Total of Part C on Scho                | edule I, Detail | led Sumr | mary Page,   | Section          | on 3.  |       |      | \$    | PAGE TO    | <b>TAL</b> 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 Co | andidate              |                  | Report  | ting Perio | bd  |      |    |          |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
|                                |                       |                  | From:   |            |     | То:  |    |          |
|                                |                       |                  |         | D          | ATE |      | AM | 10UNT    |
| Full Name                      |                       |                  |         | МО         | DAY | YEAR |    |          |
| Mailing Address                |                       |                  |         |            |     |      | \$ | 0.00     |
| City                           | State                 | Zip Code (       | Plus 4) |            |     |      |    |          |
| Receipt Description            | ·                     | •                |         |            |     |      |    |          |
| Enter Grand Total of Part E or | Schedule T. Detailer  | d Summary Page   | Section | 4          |     |      | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Sammary r age, | Section | •          |     |      | \$ | 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 Perio | od                          |            |
|--|-----------------|-----------------------------|------------|
| SULLIVAN , MEGAN   | From:           | <u>9/14/2021</u> <b>To:</b> | 10/18/2021 |
| 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 | ate                  |                       | 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 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                          | lame of Filing Committee or Candidate |         |            |         |        | porting   | Period    |       |         |                    |
|--|---------------------------------------|---------|------------|---------|--------|-----------|-----------|-------|---------|--------------------|
|  |                                       |         |            |         | Fro    | om:       |           | To:   |         |                    |
|  |                                       |         |            |         |        |           | DATE      |       |         | AMOUNT             |
| Full Name of Contributor                                       |                                       |         |            |         |        | мо        | DAY       | YEAR  |         |                    |
| Mailing Address  |                                       |         |            |         |        |           |           |       | -<br>\$ | 0.00               |
| City   | State                                 |         | Zip Code(I | Plus 4) |        |           |           |       |         |                    |
| Employer of Contributor  |                                       |         |            |         |        | Occupa    | ition     |       |         |                    |
| Employer Mailing Address/Principal Pla<br>Business             | ce of                                 | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iptio   | n of Contribution  |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | nedule II, I                          | in-Kind | Contributi | ons De  | etaile | ed        |           |       |         | PAGE TOTAL<br>0.00 |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                  | Name of Filing Committee or Candidate |                   |           |              |           | Reporting Period |            |  |  |  |
|--|---------------------------------------|-------------------|-----------|--------------|-----------|------------------|------------|--|--|--|
|  |                                       |                   |           |              |           | То:              |            |  |  |  |
|  |                                       |                   |           | DATE         |           |                  | AMOUNT     |  |  |  |
| To Whom Paid   | мо                                    | DAY               | YEAR      |              |           |                  |            |  |  |  |
| Mailing Address  |                                       |                   |           |              |           | \$               | 0.00       |  |  |  |
| City   | State                                 | Zip Code (Plus 4) | Descrip   | otion of Exp | penditure |                  |            |  |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D |                                       |                   |           |              |           |                  | PAGE TOTAL |  |  |  |
| Enter Grand Total of Expenditures (                                    | ni rage 1, Report C                   | over rage, Item D | <b>'-</b> |              |           | \$               | 0.00       |  |  |  |