Campaign Finance Report

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

Filer Identificat	ion 20	21C0115		-	Repo	rt	CAND	IDATE	\checkmark	СС			LOB	BYIST	
Number :					Filed	By :			•						
Name of Filing (Committee, Cand	lidate or L	obbyist:		SULLI	VAN ,	MEGAN								
Street Address:											_				
City:							State:				Zip Cod	e: 19	301		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST-	20ST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY	POST-	POST- 6. X			TERMINATION REPORT?		No	\checkmark
report type)	ANNUAL REPOR	RT 7.	Year 2021				NG METH					PAPER		DISKE	TTE
Name of Office S	Sought by Candi	date:					DATE (OF ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
	SUPERIOR COL	лт					мо	DAY	YE	AR	-1	SPR	REP	•	15
JUDGE OF THE	SUPERIOR COL	JRI					1:	1	2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		10 19	2	021	то	1	1	22	2021					
A. Amount Bro	ught Forward Fr	rom Last R	eport			4	5			0.00					
B. Total Monet	ary Contribution	s And Rec	eipts (Fron	n Sche	dule I)) 9	\$			0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)			9	\$			0.00					
D. Total Expen	ditures (From So	chedule II	I)			9	\$			0.00					
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			5			0.00	4				
F. Value Of In-	Kind Contributio	ons Receiv	ed (From S	chedu	le II)		\$			0.00					
G. Unpaid Deb	ts And Obligatio	ns (From S	Schedule IV	/)		9	\$			0.00					
				AFF	IDAV	'IT SI	ECTION								
PART I - If this i			_								-				
I swear (or affirm correct and compl) that this report, i ete.	ncluding the	e attached sc	hedule	s filed o	n papeı	or by elec	tronic m	edium,	are to	the best of	my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me t day of	:his	20						s	ignatur	e of Persor	Submitt	ing Rep	oort	
						_					Print	ed Name			
My Commission E	Signa xpires	ature									Emai	1			
	мо	D	AY	YR				Ar	ea Cod	e		e Teleph	one Nu	mber	
Part II- If this is	a report of a ca	andidate's	authorized	Comn	nittee,	Candi	date shall	l sign h	ere.						
I swear (or affirm) No 320) as amend		of my knowl	edge and beli	ief this	s politica	al comr	nittee has	not viola	ted an	y provis	sions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	cribed before me th day of	nis	20							S	Signature o	f Candida	ite		
											Printe	d Name			
	Signatur	'e				_					F				
My Commission Exp	bires										Emai	I			
	мо	D	AY	YR	2			Area	Code		Da	ytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SULLIVAN, MEGAN From: <u>10/19/2021</u> **To:** 11/22/2021 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)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 Committee or Candidate				Reporting Period						
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
Γ								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

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 Candidate Reporting Period										
			From: To):				
					DATE			AMOUNT		
Full Name of Contributor				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										

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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti							\$	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 Candidate				Reporting Period						
From				om:			То:			
				D/	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plu	s 4)							
Employer Name		-		Occupation						
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3							РА \$	GE TOTAL 0.00		

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			Reporting Period							
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		0.00	

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od									
SULLIVAN , MEGAN	From:	<u>10/19/2021</u> то:	<u>11/22/2021</u>								
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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					
						То:		
				DATE			AMOUNT	
Full Name of Contributor	мо	DAY	YEAR					
Mailing Address] \$	0.0)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:							
					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 Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From							
		DATE		AMOUNT							
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	Zip Code (Plus 4)) Description of Expenditure									
Enter Crand Tatal of Evnanditures					PAGE TOTAL						
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00				