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	20210	103				Repo Filed		:	CA	NDII	DATE		COM	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, (Candida	te or Lo	bbyis	t:	F	RIEN	IDS	OF I	MEG/	AN S	ULLIV	AN							
Street Address:	РО ВОХ	3425																		
City:	WEST C	HESTE	R							State	e:	PA			Zip Code: 19380-8777					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND F PRIMA		PRE-	2.			DAY F RIMARY		OST-	ST- 3.		AMENDMENT REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND F ELECT		PRE-	5.		0 DA LECT		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL RE	PORT	7. X	Year :	FILING METHOD () CHECK ONE							PAPER	\checkmark	DISK	ETTE					
Name of Office S	ought by Ca	andidate	e:	-						DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Cod	Code	
JUDGE OF THE	SUPERIOR	COURT								МО		DAY	Y	EAR	-1	SPR	REP	1	15	
3000E 01 111E	JOI ERGOR										11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		and	МО	DA		YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	1	
			1	.1	23	20	21	то			12		31	2021						
A. Amount Bro	ught Forwa	rd From	Last R	eport					\$					783.43						
B. Total Moneta	ary Contribu	itions A	nd Rec	eipts (From	Sched	lule I)	\$				1,	00.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 24,783.43																				
D. Total Expenditures (From Schedule III)								\$				23,6	505.24							
E. Ending Cash Balance (Subtract Line D From Line C)									\$				1,1	178.19						
F. Value Of In-	Kind Contrib	outions	Receive	ed (Fro	om Sc	hedule	e II)		\$				4	157.06						
G. Unpaid Debt	s And Oblig	ations (From S	chedu	le IV))			\$					0.00						
						AFFI	DA۱	/IT	SE	CTIC	NC									
PART I - If this is		-	-		_															
I swear (or affirm) correct and comple		ort, inclu	iding the	attach	ed sch	edules	filed o	on pa	per o	or by e	electr	onic m	edium	ı, are to t	the best of	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before day of	me this		20										Signature	of Perso	1 Submitt	ing Rep	ort		_
		Signature	e												Prin	ted Name				_
My Commission Ex	pires														Emai	I				
	МО)	D/	λY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	author	rized (Commi	ittee,	Can	dida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge an	d belie	ef this p	politic	al co	mmi	ittee h	as no	ot viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before r	ne this		20										s	ignature o	of Candida	ite			_
															Printe	d Name				-
My Commission Exp	_	nature									-				Ema	il				-
,																				_
	I	МО	DA	AY		YR						Area	Code		Da	ytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -							
Name of Filing Committee or Candidate	Reporting Period						
FRIENDS OF MEGAN SULLIVAN	From:	11/23/202	<u>21</u> To:	12/31/2021			
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)			\$	500.00			
All Other Contributions (Part D)			\$	500.00			
TOTAL for the Reporting	Period	(3)	\$	1,000.00			
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			\$	1,000.00			

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			
			From: To			Го:		
		•			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 Candidat	e		Rep	orting P	eriod			
			From: To				0:	
					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	Reporting P			
FRIENDS OF MEGAN SULLIVAN	From:	11/23/2021	То:	12/31/2021

DATE AMOUNT

Full Name of Contributing Committee INDEPENDENCE PAC	INDEPENDENCE PAC					
Mailing Address 413 S BROAD ST						\$ 500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191471111	11	30	2021	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 500.00

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				Rep	orting Pe	riod				
FRIENDS OF MEGAN SULLIVAN				Fron	n:	11/23/2	<u>021</u> To	<u>12/31/202</u>		
					D/	ATE		AMOUNT		
Full Name of Contributor Stradley Ronan Stevens & Young, LLP					МО	DAY	YEAR			
Address 2005 Market St.; Ste. 2600 Sity Philadalphia State Zip Code (Pli								\$	500.00	
City Philadelphia	State PA	Zip Co		4)	11	30	2021			
Employer Name n/a					Occupation n/a					
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code	e (Plus 4)	
n/a		ı	n/a			PA		00000		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummar	ry Page,	Sectio	on 3.			P#	AGE TOTAL 500.00	
							L			

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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. y 1 dgc,	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 Per	riod							
FRIENDS OF MEGAN SULLIVAN	From:	<u>11/23/2021</u> To:	12/31/2021						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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)	\$	457.06						
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,	•	\$	457.06						

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						\$	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

 FRIENDS OF MEGAN SULLIVAN
 From: 11/23/2021 To: 12/31/2021

						DATE			AMOUNT
Full Name of Contributor CLEARFIELD CO REP COM					МО	DAY	YEAR		
Mailing Address 36 N 2ND ST PO BOX 606 City CLEARSTELD State Zip Code(Plus 4							\$	457.06	
City CLEARFIELD	State		Zip Code(Plus 4)		12	13	2021		
	PA		16830						
Employer of Contributor n/a	•				Occupation n/a				
Employer Mailing Address/Princi Business	pal Place of	City	State		Zip 4)	Code(Plus	Description of Contribution		
n/a		n/a	PA		00000 Marketing & advertisem			lvertisements	
Enter Grand Total of Part G	on Schedule II 1	n-Kind	Contributions D	ataile	ad				PAGE TOTAL
nter Grand Total of Part G on Schedule II, In-Kind Contributions D lummary Page, Section 3.			cane	Ju				457.06	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period					
FRIENDS OF MEGAN SULLIVAN	N		From		<u>3/2021</u>	То:	12/31/2021		
				DATE			AMOUNT		
To Whom Paid The CBM Group			МО	DAY	YEAR				
Mailing Address 14002 McNo	ulty Rd		11	30	2021	\$	2,566.41		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
rmaacipma	PA	19154		iser food					
To Whom Paid Google	МО	DAY	YEAR						
Mailing Address 1600 Amph	12	2	2021	\$	6.36				
City Mountain View	State CA	Zip Code (Plus 4) 93043	l l	Description of Expenditure Google suite charges					
To Whom Paid RWCC	•		мо	DAY	YEAR				
Mailing Address 15 S. Churc	h St		12	2	2021	\$	500.00		
City West Chester	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
West Grester	PA	19382	Contrib						
To Whom Paid Chester County Historical Socie	ety		МО	DAY	YEAR				
Mailing Address 225 N. High	St		12	4	2021	\$	575.00		
City West Chester	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I			
	PA	19380	Description of Expenditure Room rental fee						
Fo Whom Paid Megan Sullivan			мо	DAY	YEAR				
lailing Address 14 Calvert Circle			12	7	2021	\$	3,573.66		
y Paoli State Zip Code (Plus 4)				otion of Exp	enditure				

19301

Gas & toll reimbursement

PA

							PAGE 12		
To Whom Paid Omni William Penn	МО	DAY	YEAR						
Mailing Address 530 William Penn Pl.			12	17	2021	\$	179		
City Pittsburgh	State PA	Zip Code (Plus 4) 15219	Description of Expenditure Hotel stay						
To Whom Paid Staples				DAY	YEAR				
Mailing Address 146 E. Swedesford Rd				18	2021	\$	59		
City Wayne	State PA	Zip Code (Plus 4) 19087	1	Description of Expenditure Printing & copying					
To Whom Paid Bank of America				DAY	YEAR				
Mailing Address PO Box 15019			12	21	2021	\$	528		
City Wilmington	State DE	Zip Code (Plus 4) 19886	Description of Expenditure Payment for volunteer dinner						
	DE	19000	Paymen	it for volui	iteer uiiii	ici			
To Whom Paid Art Piano	DE	19000	MO	DAY	YEAR	iei			
		19886				\$	2,000		
Art Piano		Zip Code (Plus 4) 19087	MO 12 Descrip	DAY	YEAR 2021 penditure	\$			
Art Piano Mailing Address 644 S. Devon	Ave.	Zip Code (Plus 4)	MO 12 Descrip	DAY 21	YEAR 2021 penditure	\$			
Art Piano Mailing Address 644 S. Devon City Wayne To Whom Paid	Ave.	Zip Code (Plus 4)	MO 12 Descrip Paymer	DAY 21 Stion of Exp at for perfo	YEAR 2021 Denditure	\$			
Art Piano Mailing Address 644 S. Devon City Wayne To Whom Paid USPS	Ave.	Zip Code (Plus 4)	MO 12 Descrip Paymen MO	DAY 21 Ition of Exp DAY 27	YEAR 2021 Denditure Denmance at the second secon	\$ at recep	tion		
Art Piano Mailing Address 644 S. Devon City Wayne To Whom Paid USPS Mailing Address 43 Paoli Plz	Ave. State PA State	Zip Code (Plus 4) 19087 Zip Code (Plus 4)	MO 12 Descrip Paymen MO 12 Descrip	DAY 21 Ition of Exp DAY 27	YEAR 2021 Denditure Denmance at the second secon	\$ at recep	tion		
Art Piano Mailing Address 644 S. Devon City Wayne To Whom Paid USPS Mailing Address 43 Paoli Plz City Paoli To Whom Paid	Ave. State PA State PA	Zip Code (Plus 4) 19087 Zip Code (Plus 4)	MO 12 Descrip Paymen MO 12 Descrip Postage	DAY 21 Ition of Exp DAY 27 Ition of Exp	YEAR 2021 Penditure Permance a YEAR 2021 Penditure	\$ at recep	tion		

To Whom Paid The Classic Diner			мо	DAY	YEAR		
Mailing Address 352 Lanca:	ster Ave		12	28	2021	\$	8,199.30
City Malvern	State PA	Zip Code (Plus 4) 19355	Description of Expenditure Event catering				
To Whom Paid VideoNet, Inc.			МО	DAY	YEAR		
Mailing Address 14 Oakbro	ok Court		12	31	2021	\$	1,400.00
City Malvern	State PA	Zip Code (Plus 4) 19355	Description of Expenditure Video services				
To Whom Paid Bank of America			МО	DAY	YEAR		
Mailing Address PO Box 15	019		12	31	2021	\$	1,071.83
City Wilmington	State DE	Zip Code (Plus 4) 19886	Description of Expenditure Reception food/beverages				
Enter Grand Total of Expen	ditures on Page 1. Re	port Cover Page. Item D	_				PAGE TOTAL
Lines Grana Total of Expen	antares on ruge 1, Ne	port core. I age, Item D	•			\$	23,605.24