### **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	210103			Rep File			CAN	DII	DATE		COM	1ITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	ommittee, Cand	lidate or L	obbyist:	<u> </u>	FRIE	ND:	S OF	MEGAI	N S	ULLIV	AN							
Street Address:																		
City:	WEST CHES	STER						State:		PA			Zip Cod	<b>ie:</b> 19	380-8	777		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE-	2		30 DA PRIMA		P	OST-	3.		AMENDM REPORT?		Yes	N	0	<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	OST-	6.		TERMINATION REPORT?		Yes	<b>√</b> N	0	
report type)	ANNUAL REPOR	<b>RT</b> 7.	<b>Year</b> 2022					NG MET					PAPER	$\checkmark$	DISK	ETTE		
Name of Office S	ought by Candi	date:						DATE	01	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Cour	
								МО		DAY	YE	AR	-1		REP	1	15	
									11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAR				МО		DAY	YE	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures			1 3	20	)22	T	0		3	2	28	2022						
A. Amount Bro	ught Forward Fr	om Last R	Report				\$				1,1	178.19						
B. Total Moneta	ary Contribution	s And Red	ceipts (Fron	Sched	dule :	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				1,1	178.19						
D. Total Expend	ditures (From S	chedule II	<b>II)</b>				\$				1,1	78.19						
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Contribution	ns Receiv	red (From S	chedul	e II)	)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule IV	<b>'</b> )			\$					0.00						
				AFF:	IDA	VI	ΓSE	CTIO	N									
PART I - If this is			_									_						
I swear (or affirm) correct and complete		ncluding th	e attached sc	hedules	filed	on [	paper	or by el	ectr	onic me	edium	, are to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me t day of	:his	20						•		s	ignature	of Perso	n Submitt	ing Rep	ort		_
	Signa	nture					-		•				Prin	ted Name				
My Commission Ex	xpires						_		-				Ema	il				
	МО	D	AY	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a ca	indidate's	authorized	Comm	ittee	e, Ca	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and beli	ef this	politi	cal	comm	ittee ha	s no	ot violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me th day of	nis	20									Si	ignature o	of Candida	ite			_
							-						Printe	d Name				-
My Commission Exp	Signatur	re					-		-				Ema	il				-
•																		_
	МО	D	AY	YR						Area	Code		Da	aytime Te	lephor	e Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MEGAN SULLIVAN	From:	1/3/202	<u>2</u> To:	3/28/2022
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
Γ			I	
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

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 Committe	e or Candidate			Re	porting	Period			
				Fre	om:		То	!	
						DATE			AMOUNT
Full Name of Contributing	Committee				МО	DAY	YEAR		
Mailing Address								\$	0.00
City		State	Zip Code (Plus 4	4)					

**PAGE TOTAL \$**0.00

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 Filing Commit	tee or Candidate	F	Reporting P	eriod			
		F	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.

#### **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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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			Rep	orting Pe	riod			
			Fror	n:		To	<b>o</b> :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	on 3.			\$	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 Candidate		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	I	
FRIENDS OF MEGAN SULLIVAN	From:	<u>1/3/2022</u> <b>To:</b>	<u>3/28/2022</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 Candidate			Reporting Period					
			From:			To:		
				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 Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								֓֟֟֓֓֟֟֓֓֓֓֓֟֟֓֓֓֟֟֓֓֟֓֓֟֓֓֟֟֓֓֟֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟	\$ 0	.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descr	ipti	on of Contribution	1
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (	Contributions D	etaile	ed				PAGE TOTA	,L
Summary Page, Section 3.									0	.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	g Committee or Candidate Reporting Period				
FRIENDS OF MEGAN SULLIVAN	From	1/3/2022	To:	<u>3/28/2022</u>	

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Google			140		I LAK		
Mailing Address			1	3	2022	\$	6.36
City Mountain View	State	Zip Code (Plus 4)	Descrip				
	CA	93043	Google	suite charg	jes		
To Whom Paid			мо	DAY	YEAR		
Chester County Historical Society				DAT	TEAR		
Mailing Address			1	14	2022	\$	250.00
City West Chester	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19380	Room rental fee				
To Whom Paid			мо	DAY	YEAR		
Anerino Originals			MO	DAT	TEAR		
Mailing Address			1	24	2022	\$	921.83
<b>City</b> Wilmington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
DE 19809				aphy for re	eception		
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	1,178.19	