Campaign Finance Report

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

Filer Identificat Number :	ion 2019	C0088			Repo Filed	-	:	CANDI	DATE	✓	co	OMMITTE	E	LOB	BYIST	Γ		
Name of Filing	Committee, Candid	ate or Lo	obbyist:		PECK,			YLEE										
Street Address:																		
City:								State:				Zip Code: 17055						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.) DA RIMA		POST- 3.			AMENDMENT REPORT?		Yes	N	0	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION) DA _ECT		POST-	6. X		TERMINATION REPORT?		Yes	N	0	\checkmark	
report type)	ANNUAL REPORT	7.						G METHO				PAPER		\checkmark	DISK	ETTE		
Name of Office	Sought by Candida	te:						DATE O	FELE	СТІС	DN	District Number	Office Code	Par	ty Code	e Cour Code		
								мо	DAY	Y	EAR	-1	SPR	REP)	21		
JUDGE OF THE	SUPERIOR COUR	I						11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES	;)	
	Receipts and	мо	DAY	YEAR	2			мо	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY			
Expenditures	s from:	1	LO 22	2	019	то		11		25	2019							
A. Amount Bro	ought Forward Fror	n Last R	eport				\$			(3,9	80.48)							
B. Total Monet	ary Contributions	And Rec	eipts (From	n Sche	dule I))	\$		0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			(3,9	80.48)							
D. Total Expen	ditures (From Sch	edule II	[)				\$				0.00							
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$			(3,9	80.48)							
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		\$		0.00									
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$ 0.00											
				AFF	IDAV	/IT S	SE	CTION										
	s a Committee rep																	
correct and compl) that this report, incl lete.	luaing the	attached sci	neaule	s filed o	n pap	per c	or by election		earum	, are to	the best of	ту кпом	vieage	and bei	ier, tr	ue	
Sworn to and sub	scribed before me this day of	5	20							9	Signaturo	e of Persor	Submitt	ing Rep	oort		_	
	Signatu	re				_						Print	ed Name				-	
My Commission E	xpires											Emai	I				_	
	МО	DA	AY	YR					Are	ea Coo	de	Daytim	e Telepho	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Can	dida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	al co	mmi	ttee has n	ot viola	ted ar	ny provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,	
Sworn to and subse	cribed before me this day of		20								s	ignature o	f Candida	ite			-	
												Printe	d Name				-	
My Commission Ex	Signature											Emai	1				-	
						_											_	
	мо	D	AY.	YR	2				Area	Code		Da	ytime Te	elephor	ne Numi	ber		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PECK,CHRISTYLEE	From:	<u>10/22/20</u>	<u>19</u> To:	<u>11/25/2019</u>
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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	J 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

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						
			Fro	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	PAGE TOTAL			

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

PAGE 3

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 Candidat	e			orting P	eriod			
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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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		А	MOUNT	
Full Name of Contributing Commit	ttee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	Name of Filing Committee or Candidate Rep			Reporting Period						
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description		1				1				
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL	
		, i uge,	2221011				\$		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	d	
PECK,CHRISTYLEE	From:	<u>10/22/2019</u> то:	<u>11/25/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 R				Reporting Period					
			From:			То:			
				DATE		АМО	UNT		
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

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

Name of Filing Committee or Candidate					Reporting Period						
					From:		То:				
						DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State		Zip Code(Plus	4)							
Employer of Contributor			1		Occupa	l tion					
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution		
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

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