Campaign Finance Report

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

Filer Identification	on	20210	C0135				eport led B		CAND	IDATE	√	СО	MMITTEE		LOBE	BYIST		
Name of Filing C	ommittee, C	Candida	ite or Lo	obbyist:		JILI	L BE	CK										
Street Address:																		
City:									State:				Zip Code	: 15	217			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDA' PRE-ELECTIO		4.	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/
report type)	ANNUAL RE	PORT	7.	Year 2021					NG METH CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by Ca	ndidat	:e:						DATE ()F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	-								МО	DAY	YEAR	2	-1	SPR	DEN	1		
JUDGE OF THE	SUPERIOR (COURT							11		2 2	021		(SEE INS	TRUCTI	ONS FOR C	CODES	,
Summary of I		ınd	МО	DAY	YEAR	Ł			МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 30	2	021	T	О.	5	5	3 2	021						
A. Amount Bro	ught Forwar	d From	Last R	eport				\$			C	0.00						
B. Total Moneta	ary Contribu	tions A	ind Rec	eipts (From	Sche	dule	e I)	\$			C	0.00						ļ
C. Total Funds	Available (S	um Of	Lines A	and B)				\$			C	0.00						
D. Total Expenditures (From Schedule III) \$ 50,000.00																		
E. Ending Cash Balance (Subtract Line D From Line C) \$ (50,000.00)																		
F. Value Of In-l	Kind Contrib	utions	Receive	ed (From Sc	hedu	le I	Ί)	\$			0	.00						
G. Unpaid Debt	s And Obliga	ations ((From S	chedule IV))			\$			0	.00		•				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	a Committe	ee repo	rt, trea	surer sign h	iere. !	If th	his is	a Can	ndidate r	eport, o	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	: attached sch	edules	s file	ed on	paper o	or by elec	tronic m	edium, ar	e to t	the best of 1	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before i	me this		20							Sign	ature	of Person	Submitt	ing Rep	ort		-
		Signature				_		<u>-</u>					Printe	d Name				-[
My Commission Ex		Agnatu.	E										Email					- [
	мо		D/	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	adge and belie	ef this	; poli	itical	commi	ittee has ı	not viola	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc		ne this										S	ignature of	Candida	ite			-
	day of ——			_ 20				_					Printed	Name				-
	Sign	nature						-					••••••	114				_ [
My Commission Exp	_												Email					
	N	мо	Di	AY	YR	t .		-		Area	Code		Day	time Te	lephon	ne Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	ı			
Name of Filing Committee or Candidate	Reporting	g Period		
JILL BECK	From:	3/30/202	<u>1</u> To:	5/3/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 Commi	ittee or Candidate	е		Re	porting I	Period		
				Fro	om:		To	
			•			DATE		AMOUNT
Full Name of Contributi	ng Committee				мо	DAY	YEAR	
Mailing Address								\$ 0.00
City		State	Zip Code (Plus 4)				
				1				

PAGE TOTAL
0.00

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

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.

From: To: DATE Full Name of Contributor MO DAY YEAR Mailing Address	DATE AMOUNT me of Contributor MO DAY YEAR					_	eriod			
Full Name of Contributor MO DAY YEAR	me of Contributor MO DAY YEAR \$ 0.00									
MO DAY YEAR	MO DAY YEAR \$ 0.00						DATE			AMOUNT
Mailing Address		Full Name of Contributor				мо	DAY	YEAR		
Plaining Address	State Zip Code (Plus 4)	Mailing Address							\$	0.00
City State Zip Code (Plus 4)		City	State	Zip Code (Plus 4))					

9/15/2025 2:27:50 AM

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		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	nter Grand Total of Part C on Schedule I, Detailed Summary Page, S						\$	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.)

			Repo	orting Pe	riod				
			Fron	n:		T	0:		
				D	ATE			AMOUNT	
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
Employer Name					Occupation				
ce of Business		City			State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupator Ce of Business City	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip	

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:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 Per	iod	
JILL BECK	From:	3/30/2021 To:	<u>5/3/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Car	ndidate		Reporting Period						
			From:			To	:		
				DATE			AMOUNT		
Full Name of Contributor	МО	DAY	YEAR						
Mailing Address				7 \$	C	0.00			
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•					
					-				
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,			PAGE TOTAL			
Section 2.						\$	0	.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business City					e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporting Period					
JILL BECK			From	<u>3/3</u> (0/2021	То:	<u>5/3/2021</u>	
				DATE			AMOUNT	
To Whom Paid	To Whom Paid							
ELECT JILL BECK	МО	DAY	YEAR					
Mailing Address		4	28	2021	\$	50,000.00		
City PITTSBURGH	State	Zip Code (Plus 4)	4) Description of Expenditure					
PA 15222 LOAN TO THE ELECT JILL							MMITTEE	
Enter Grand Total of Expendi	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						50,000.00	