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	2021	C0135				port ed B		CAND	IDATE	√	cc	MMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:			L BE										<u> </u>	
		-																
Street Address:									I				T		247			
City:	_								State:				Zip Code	e: 15	217			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No		√
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	Y PRE	= -	5.	30 DA		POST- 6.			TERMINAT REPORT?	TERMINATION Yes REPORT?			•	√
report type)	ANNUAL	. REPORT	7.	Year 2021					NG METH				PAPER	R DISKETTE				
Name of Office S	Sought h	. Candidai							DATE	OF ELE	CTION	1	District	Office	Par	ty Code		
Name of Office S	ougnt by	/ Candidat	e:						МО	DAY	YEA		Number -1	Code SPR	DEN	1	Code	1
JUDGE OF THE	SUPERIO	OR COURT	Γ						1	1	2	2021	<u> </u>	(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	YE	AR .	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			3 30	2	021	Т	0		5	3	2021						
A. Amount Bro	ught For	ward Fron	ı Last R	eport			1	\$	<u> </u>			0.00	1					
B. Total Monet	ary Conti	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				0.00]					
D. Total Expend	ditures (From Sche	edule II	I)				\$			50,00	0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$		(50,000	0.00)						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')			\$				0.00		1				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	report,	candida	ate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elec	ctronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , tru	ue.
Sworn to and subs	cribed bef day of	ore me this		20							Sig	gnatur	e of Person	Submitt	ing Rep	ort		_
	_	Signatur	·e					<u>-</u>					Printe	ed Name				-
My Commission Ex	cpires	3								-			Email					-
		мо	D	AY	YR			_		Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of							_						N-				_
		Cianat						-					Printed	Name				
My Commission Exp		Signature											Email					_
	-	МО	D	AY	YR	l		•		Area	Code		Day	time Te	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting	g Period						
JILL BECK	From:	<u>3/30/202</u>	<u>1</u> To:	5/3/2021				
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	(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				
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

	his Part to itemize onl with an aggregate val	-			•					
Name of Filing Comm	Name of Filing Committee or Candidate			Reporting Period						
			Fre	om:		То	:			
		1			DATE			AMOUNT		
Full Name of Contribution	ng Committee			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

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 Filling Committee of Candidate				Reporting Period From: To:						
				m:		То:				
					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	Period								
			From:			То:						
				DA	TE		Α	MOUNT				
Full Name of Contributing Commit	tee			мо	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Cod	e (Plus 4)									
								PAGE TOTAL				
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	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.)

Reporting Period						
NT						
0.00						
Occupation						
us 4)						
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 Co	andidate		Report	Reporting Period						
			From:			То:				
				D	ATE		AM	10UNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description	·	•								
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL		
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	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 PER CONTRIBUTOR										
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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:									
		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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL			
Section 2.						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period						
					From:	n: To:					
						DAT	E			AMOUNT	
Full Name of Contributor					мо	DAY	,	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(Plus	4)							
Employer of Contributor					Оссир	Occupation					
Employer Mailing Address/Principal Place of Business			City State			Zip Code(Plus 4)		Description of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed									PAGE TOTAL		
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
JILL BECK				3/30/2021 To:			5/3/2021		
	DATE AMOUNT								
To Whom Paid ELECT JILL BECK	мо	DAY	YEAR						
Mailing Address 1 PPG PLACE			4	28	2021	\$	50,000.00		
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	1 -	otion of Exp		BECK COMMITTEE			
Enter Grand Total of Evnandity	PAGE TOTAL								
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	50,000.00		