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	C0135				port ed B		CAN	IDII	DATE	√	cc	MMITTE		LOBE	BYIST		
Name of Filing C	Committee,	Candida	ate or Lo	obbyist:		JILL	BEC	CK											
Street Address:																			
City:									State	:				Zip Cod	e: 15	217			
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3. X		AMENDMI REPORT?	ENT	Yes	No		\
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	No		\
report type)	ANNUAL F	REPORT	7.	Year 2021					CHECK					PAPER			DISKE	TTE	
Name of Office S	- Sought by (Candidat	e:						DATE	E 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
1110 OF OF THE	CUPERIOR	o court	_						МО		DAY	YE	AR	-1	SPR	DEN	1	•	
JUDGE OF THE	SUPERIOR	R COURT								11		2	2021		(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	ł			МО		DAY	YE	AR	FOI	ROFFIC	E USE	ONLY		
Expenditures	from:			5 4	2	021	T	0		6		7	2021						
A. Amount Bro	ught Forwa	ard From	Last R	eport				\$				•	0.00						
B. Total Moneta	ary Contrib	outions A	and Rec	eipts (Fron	1 Sche	dule	ı)	\$					0.00						
C. Total Funds	Available ((Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$				30,1	00.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$					0.00]					
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From S	chedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obli	gations	(From S	Schedule IV	')			\$					0.00			•			
					AFF	ID/	۱۷۶	ΓSE	CTIO	N									
PART I - If this is	s a Commit	ttee repo	ort, trea	surer sign	here.	If th	is is	a Can	didat	e re	port, c	andid	ate sig	gn here.					
I swear (or affirm) correct and complete		port, inclu	uding the	attached sc	hedule	s file	d on	paper (or by e	lectr	onic m	edium,	are to	the best of	my knov	wledge	and beli	ef , trı	ue.
Sworn to and subs	cribed befor	e me this		20								Si	gnature	e of Person	Submit	ing Rep	ort		-
		Signatur	·a					-						Print	ed Name				_
My Commission Ex	cpires	Signatui	-							-				Email					-
	M	10	D/	ΑY	YR			-			Are	ea Cod	•	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authorized	Comn	nitte	e, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ef this	polit	tical	commi	ittee ha	as no	ot viola	ted any	provis	ions of the	act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		me this											s	ignature of	Candida	ate			-
	day of — –							-						Printed	l Name				-
	Si	gnature						-											_
My Commission Exp	ires													Email					
		МО	D/	AY	YR	l		•			Area	Code		Da	ytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
JILL BECK	From:	<u>5/4/202</u>	<u>1</u> To:	6/7/2021
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)			\$	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

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 Candidat	e		Reporting	Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committ	ee or Candidate		Reporting	Period			
			From:		To) :	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
						ا ا	0.00
Mailing Address						\$	0.00
Mailing Address City	State	Zip Code (Plus 4)				,	0.00

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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fro	m:		To) :	
				D	ATE		AI	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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	ting Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	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 Perio	d	
JILL BECK	From:	<u>5/4/2021</u> To:	6/7/2021
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	TF)		
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	g Period				
			From:			To:		
				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 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				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 Pla	ce of Business	Cit	ty	Stat	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

30,100.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reporti	ng Period			
JILL BECK			From	<u>5/4</u>	4/2021	То:	6/7/2021
		I		DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
WE THE PEOPLE 412							
Mailing Address			5	16	2021	\$	100.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
			SLATE (CARDS			
To Whom Paid			мо	DAY	YEAR		
ELECT JILL BECK			MO	DAI	ILAK		
Mailing Address			6	1	2021	\$	30,000.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			CAMPA:	IGN OPERA	TIONS A	ND EXPE	NSES
							PAGE TOTAL