### **Campaign Finance Report**

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

Filer Identification		Repor Filed E		CANDI	DATE	<b>✓</b>	СО	MMITTEE		LOBBYIST						
Name of Filing C	Committee, Candi	date or L	obbyist:	JI	ILL BE	:CK										
Street Address:																
City:							State:				Zip Code	: 15	217			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	PRE-	2.	30 DA		POST-	3. <b>X</b>	AMENDME REPORT?	NT	Yes	No		/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY I	2ND FRIDAY PRE- 5. 30 ELECTION			AY TION	POST-	6.	TERMINAT REPORT?	ION	Yes	No	•	$\checkmark$	
report type)	ANNUAL REPOR	7.	<b>Year</b> 2021				NG METH				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by Candid	ate:					DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
		_					МО	DAY	YEAR	2	-1	SPR	DEN	1		$\neg$
JUDGE OF THE	SUPERIOR COU	₹T					11		2 2	021		(SEE INS	TRUCTI	ONS FOR C	ODES)	-
	Receipts and	МО	DAY YE	EAR			МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from: 		5 4	202	21 1	ГО	6	5	7 2	021						
A. Amount Bro	ught Forward Fro	m Last F	leport			\$			0	.00						ļ
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	chedi	ule I)	\$			0	.00						
C. Total Funds	Available (Sum C	of Lines A	and B)			\$			0	.00						
D. Total Expend	ditures (From Sc	nedule II	. <b>I</b> )			\$			30,100	.00						ļ
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$			0	.00						J
F. Value Of In-l	Kind Contribution	ıs Receiv	ed (From Sche	dule	ıII)	\$			0	.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$			0	.00		,				
			А	FFI	DAVI	T SE	CTION									
PART I - If this is	a Committee re	port, trea	ısurer sign her	e. If	this is	a Car	ndidate r	eport, o	candidat	e sig	ın here.					
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached sched	ules f	filed on	paper	or by elect	tronic m	edium, ar	e to t	he best of ı	my knov	/ledge	and belie	ef , tru	ie.
Sworn to and subs	cribed before me th day of	is	20						Sign	ature	of Person	Submitt	ing Rep	ort		-
	- Signal					<u>-</u>					Printe	d Name				-[
My Commission Ex	Signat cpires	ure									Email					- [
	мо	D	PAY	YR				Ar	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized Co	mmi	ttee, C	Candid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief †	this p	olitical	comm	ittee has r	not viola	ted any pi	rovisi	ions of the	act of Ju	ine 3,1	937 (P.L.	. 1333	١,
Sworn to and subsc		5								Si	ignature of	Candida	ite			-
	day of ————————————————————————————————————					_					Printed	Name				-
	Signature	<u> </u>				_					rimee	Name				
My Commission Exp	_										Email					_
	МО	D	PAY	YR		-		Area	Code		Day	time Te	lephon	e Numbe	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	Name of Filing Committee or Candidate			porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE 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			Rep						
F				From: To				o:	
					DATE		P	MOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							<b>\$</b>	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 Candi	lame 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.)

Name of Filing Committee or Candidate			Reporting Period						
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	<b>GE TOTAL</b> 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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. <b>y</b> 1 dgc,	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 Period	d	
JILL BECK	From:	<u>5/4/2021</u> <b>To:</b>	<u>6/7/2021</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 Candidat	:e		Reporting Period					
			From:					
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	<b>-,</b> -									0.00

## 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
				DATE	AMOUNT		
To Whom Paid WE THE PEOPLE 412			МО	DAY	YEAR		
Mailing Address			5	16	2021	\$	100.00
City State Zip Code (Plus 4)			<b>Descrip</b> SLATE	otion of Exp	penditure	•	
To Whom Paid ELECT JILL BECK			мо	DAY	YEAR		
Mailing Address			6	1	2021	\$	30,000.00
City	State	Zip Code (Plus 4)	1	otion of Exp			PENSES
Fotos Considerated CF							PAGE TOTAL
Enter Grand Total of Exp	penditures on Page 1, Re	port Cover Page, Item D	<b>).</b>			\$	30,100.00