### **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 201	90029			Report		CANDI	DATE		соми	4ITTEE	<b>✓</b>	LOBE	SYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:	P	ECK, C	HRIS	TYLEE FO	OR SUP	ERIC	R COU	RT				
Street Address:	4431 NORTH	FRONT	ST												
City:	HARRISBURG	3					State:	PA			Zip Cod	de: 17	7110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2.	30 DA		POST-	3.		AMENDM REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PI ELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPOR	7. <b>X</b>	<b>Year</b> 2021				FILING METHOD ( ) CHECK ONE						<b>\</b>	DISKE	TTE
Name of Office S	- Sought by Candid	ate:			-		DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
1110 OF OF THE	CURERTOR COU	· <del>-</del>					МО	DAY	YE	AR	-1	SPR	REP	'	21
JUDGE OF THE	SUPERIOR COU	R1					11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY YEA	\R			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		1 1	202	21 <b>T</b>	0	12		31	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$	_		3,4	145.81					
B. Total Monet	ary Contributions	And Rec	eipts (From Sch	ed	ule I)	\$				50.00					
C. Total Funds	Available (Sum C	f Lines A	and B)			\$			3,4	195.81					
D. Total Expend	ditures (From Sc	nedule II	I)			\$				0.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$			3,4	95.81					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	ule	e II)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			1		
			AF	FΙ	DAVI	T SE	CTION								
PART I - If this is	s a Committee re	ort, trea	surer sign here	. If	this is	a Car	ndidate re	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached schedul	es f	filed on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me th day of	is	20						s	ignature	of Perso	n Submit	ting Rep	ort	
	Signat	ure				- -					Prin	ted Nam	e		
My Commission Ex	cpires					_					Ema	il			
	мо	D	AY Y	R				Arc	ea Cod	le	Daytin	e Telepl	none Nu	mber	
Part II- If this is	a report of a car	didate's	authorized Com	ımi	ttee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief th	is p	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subso		;								s	ignature o	of Candid	ate		
	day of ————————————————————————————————————					_					Printe	d Name			
	Signature					-									
My Commission Exp	ires										Ema	il			
	МО	D	AY Y	′R		-		Area	Code		D	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PECK, CHRISTYLEE FOR SUPERIOR COURT	From:	1/1/202	<u>1</u> To:	12/31/2021
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)	\$	50.00
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			\$	50.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2		) in the			
Name of Filing Committee or Candidate				om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 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 Filing Committee of Camulate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Report			Reporting	porting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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					Reporting Period					
Fron					From: To:					
				D	ATE			AMOUN	IT	
				МО	DAY	YEAR	2			
								\$	0.00	
State	Zip (	Code (Plus	5 4)							
				Occupa	tion					
e of		City			State		Zip	Code (Plu	us 4)	
dule I, Detailed Su	umma	ry Page,	Section	on 3.			\$	PAGE T	0.00	
	e of	e of	e of City	State Zip Code (Plus 4)	From:  MO  State Zip Code (Plus 4)  Occupation	State Zip Code (Plus 4)  Occupation  October 1	State Zip Code (Plus 4)  Occupation  City  State	State Zip Code (Plus 4)  Occupation  Occupation  City State Zip  Odule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4)  Occupation  Occupation  Occupation  Occupation  PAGE 1	

## 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	Reporting Period						
PECK, CHRISTYLEE FOR SUPERIOR COURT	From:	<u>1/1/2021</u> <b>To:</b>	12/31/2021				

			D	ATE		AMOUNT		
<b>Full Name</b> Orrstown Bank			мо	DAY	YEAR			
Mailing Address 4075 Market St						\$ 5	50.00	
City Camp Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	12	31	2021			
Receipt Description Uncashed check Pike County Council of Republican Women								

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$**50.00

#### **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		
PECK, CHRISTYLEE FOR SUPERIOR COURT	From:	<u>1/1/2021</u> <b>To:</b>	12/31/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL			
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL			
						\$	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting Period					
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### 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	