# **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 :	ion	2020	0421			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		ELECT J	-	ECK								
Street Address:	PO E	30X 8158	3													
City:	PITT	SBURGH						State:	PA			Zip Co	<b>de:</b> 15	217-1	606	
TYPE OF REPORT	6TH TUE PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D/ PRIM		POST- 3.			AMENDN REPORT		Yes	No	, 🔨
(place X to the right of	6TH TUE PRE-ELE	-	4.					AY I TION	POST-	6.		TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL	L REPORT	7. <b>X</b>	<b>Year</b> 2021				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office Sought by Candidate:								DATE O	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	County Code
MO DAY YEAR -1 SPR DEM 02										02						
JUDGE OF THE SUPERIOR COURT								11		2	2021		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		s and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:			1 1	. 2	021 <b>T</b>	0	12	. 3	31	2021					
A. Amount Bro	ught For	ward Fron	n Last R	leport			\$			110,4	68.00					
B. Total Monet	ary Cont	ributions /	And Rec	eipts (Fron	n Sche	dule I)	\$			6,8	352.80					
C. Total Funds	Available	e (Sum Of	Lines A	and B)			\$		:	117,3	820.80					
D. Total Expen	ditures (	From Sche	edule II	1)			\$			13,0	24.20	]				
E. Ending Cash	Balance	(Subtract	t Line D	From Line	C)		\$		1	.04,2	96.60					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II)	\$				0.00	4				
G. Unpaid Debt	ts And Ol	bligations	(From S	Schedule I\	/)		\$			80,0	00.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this is		•	•	-					• •			-				
I swear (or affirm) correct and comple		report, incl	uding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	edium	, are to 1	the best o	f my knov	ledge	and bel	ef , true
Sworn to and subs	cribed bef day of	fore me this	5	20						s	ignature	e of Perso	n Submitt	ing Rep	oort	
		Signatu	re				-					Prin	ted Name			
My Commission Ex	kpires						_					Ema	il			
		мо	D	AY	YR			<u> </u>	Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report	t of a cand	lidate's	authorized	Comn	nittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	ed.		ny knowl	edge and bel	ief this	political	comm	ittee has n	ot violat	ted an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.I	1333,
Sworn to and subso	ribed befo day of	ore me this		20							s	ignature	of Candida	te		
							-					Printe	ed Name			
My Commission Exp		Signature					-					Ema	il			
	-	мо	D	AY	YR		-		Area	Code		D	aytime Te	lephon	e Numb	ber

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ELECT JILL BECK From: <u>1/1/2021</u> **To:** 12/31/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 5,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 5,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 1,852.80 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 6,852.80 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidate				porting	Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

\$

0.00

PART B 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 or Candidat	e		Rep Froi	orting P	eriod	Το	):	
					DATE			AMOUNT
Full Name of Contributor				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								

### PAGE 5

# 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 Cano	Reporting Period							
ELECT JILL BECK	From:	m: <u>1/1/2021</u> To: <u>12/31/2</u>						
				DA	TE		A	MOUNT
Full Name of Contributing Commi DRIVE CHAPTER 776	ttee			мо	DAY	YEAR		
Mailing Address 2552 JEFFERS	SON ST						\$	5,000.00
City HARRISBURG	<b>State</b> PA	<b>Zip Cod</b> 17110-	<b>e (Plus 4)</b> 0000	6	10	2021		
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	<b>PAGE TOTAL</b> 5,000.00

# PART D 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	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

# PART E **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 Candi	Name of Filing Committee or Candidate				d			
ELECT JILL BECK From:					<u>1/1/202</u>	<u>1</u> To:	<u>12/31/2021</u>	
				D	ATE			AMOUNT
Full Name Deliver Strategies				мо	DAY	YEAR		
Mailing Address 1301 K Street	Mailing Address 1301 K Street						\$	1,852.80
City Washington	State DC	<b>Zip Code (</b> 20005	Plus 4)	7	2	202:	1	
Receipt Description Reimburs	ement Overpay on N	1ail Expenses						
Enter Grand Total of Part E on Sc	bedule T. Detailed	Summary Page	Section	4				PAGE TOTAL
		cannaly ruge,	20000				\$	1,852.80

# 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		
ELECT JILL BECK	From:	<u>1/1/2021</u> <b>To:</b>	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Candidate R			Reporting	g Period			
	From:		То:	Го:			
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detai Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Rep	oorting P	eriod			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	Employer of Contributor					Occupat	tion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption of	f 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 Commit	lame of Filing Committee or Candidate				ng Period					
ELECT JILL BECK				From	<u>1/</u>	<u>1/2021</u>	То:	<u>12/31/2021</u>		
					DATE			AMOUNT		
<b>To Whom Paid</b> Hunk Digital LLC				мо	DAY	YEAR				
Mailing Address 160	5 Denniston Stre	eet		12	12 31 2021 <b>\$</b> 853.9					
<b>City</b> Pittsburgh		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15217	Descrip	Description of Expenditure Internet/Online Services Rendered					
<b>To Whom Paid</b> GPS Impact				мо	DAY	YEAR				
Mailing Address 220	SE 6th St			12	1	2021	\$	4,000.00		
CityDes MoinesStateZip Code (Plus 4)IA50309				Descrip	<b>otion of Ex</b> TV Product					
<b>To Whom Paid</b> GetThru				мо	DAY	YEAR				
Mailing Address PO	Box 2690			7	15	2021	\$	7,825.24		
<b>City</b> Alameda		State CA	<b>Zip Code (Plus 4)</b> 94501	Descrip	tion of Exp essage Col					
<b>To Whom Paid</b> PNC Bank		1		мо	DAY	YEAR				
Mailing Address 300	Fifth Avenue			7	1	2021	\$	340.00		
City Pittsburgh		State PA	<b>Zip Code (Plus 4)</b> 15222	Descrip	tion of Exp Charges	l penditure	1			
<b>To Whom Paid</b> PNC Bank			i	мо	DAY	YEAR				
Mailing Address 300	Fifth Avenue			9	1	2021	\$	5.00		
City     Pittsburgh     State     Zip Code (Plus 4)       PA     15222			Descrip	tion of Exp Charges	penditure	1				
	Evponditure	n Daga 1						PAGE TOTAL		
Enter Grand Total of	Expenditures (	on Page 1,	Report Cover Page, Item	υ.			\$	13,024.20		

# SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
ELECT JILL BECK			From:		<u>1/1/2021</u>	То:		<u>12/31/2021</u>
					DATE			Outstanding Balance of Debt
Name of Creditor Jill Beck				мо	DAY	YEAR		
Mailing Address 5342 Pocusset Street				4	28	2021	4	\$ 50,000.00
City Pittsburgh	State	Zip Code (Plu	s 4)	Description of Debt				
-	PA	15217		Loan - campaign operations & expenses				
DATI								Outstanding Balance of Debt
Name of Creditor Jill Beck				мо	DAY	YEAR		
Mailing Address 5342 Pocusset Street			6	1	2021		\$ 30,000.00	
City Pittsburgh	State	Zip Code (Plu	s 4)	Description of Debt				
	PA	15217		Loan - campaign operations & expenses				
								PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	80,000.00