### **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	20230	C0082				port ed B		CAND	IDATE	<b>√</b>	со	MMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or L	obbyist:		JILI	L BE	CK										_
Street Address:																		
City:									State:				Zip Code	e: 15	217			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	≣-	5.	30 DA		POST- 6. TERMINATION Yes REPORT?						No	•	/
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2023					NG METH CHECK C							DISKE	TTE	
Name of Office S	L Sought by	· Candidat	:e:						DATE (	TE OF ELECTION District Office Number Code						ty Code	Count	y
									МО	DAY	YEAR	2	-1	SPR	DEN	1	coue	
JUDGE OF THE	SUPERIO	or Court	Γ						11		7 2	023		(SEE INS	TRUCTI	ONS FOR (	CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	YEAR	ł	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 28	2	023	Т	0		5	1 2	023						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$	-	•	C	0.00						
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$			C	0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			С	0.00						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$			0	.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			0	.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$			0	.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$			0	.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	e attached scl	hedule	s file	ed on	paper	or by elec	tronic m	edium, ar	e to t	the best of	my know	/ledge	and beli	ef , tru	e,
Sworn to and subs	cribed before day of	ore me this		20							Sign	ature	of Person	Submitt	ing Rep	ort		-
	<u> </u>	Signatur	·e					- -					Printe	d Name				-
My Commission Ex	cpires	_						_					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 shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has i	not viola	ted any p	rovisi	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	,
Sworn to and subsc	ribed befo day of	re me this		20								Si	ignature of	Candida	te			-
								-					Printed	Name				-
	:	Signature						-										_
My Commission Exp	ires												Email					
	-	мо	D	AY	YR	t .		•		Area	Code		Day	time Te	lephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Detailed Summary 1 age				
Name of Filing Committee or Candidate	Reporting	Period		
JILL BECK	From:	3/28/202	<u>3</u> To:	5/1/2023
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 Page			\$	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	F	Reporting	Period			
		F	rom:		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 Committe	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>o</b> :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
1								
Mailing Address							\$	0.00
Mailing Address City	State	Zip Code (Plus 4	1)				\$	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	ame 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							<b>-</b>   \$		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	Name of Filing Committee or Candidate									
	From:						om: To:			
				D	ATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address							1			
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)		
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE 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 Candidate		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	od	
JILL BECK	From:	3/28/2023 <b>To</b> :	<u>5/1/2023</u>
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,		\$	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					
						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 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	Name of Filing Committee or Candidate				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 <sub>l</sub>	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

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	<b>,</b> .			\$	0.00	