Campaign Finance Report

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

Filer Identification	on 20	23C0082				port		CA	ANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Cand	idate or L	obbyist:		JILI	L BE	CK							_				
Street Address:																		
City:								State:					Zip Code	Zip Code: 15217				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						AY ARY	Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION					30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/	
report type)	ANNUAL REPOR	₹T 7.	Year 2023					NG ME CHEC					PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by Candi	date:						DAT	ΕO	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
7115 OF OF THE	CURERTOR COL	·5.T						МО		DAY	YEA	R	-1	SPR	DEN	1		
JUDGE OF THE	SUPERIOR COL	≀RT							11		7	2023	┢──	(SEE INS	TRUCTI	ONS FOR C	ODES	
•	Receipts and	МО	DAY	YEAR	Ł			МО		DAY	YEA	\R	FOR	OFFIC	E USE	ONLY		
Expenditures	from: 		9 19	20	023	T	0		10		23	2023						
A. Amount Bro	ught Forward Fr	om Last F	leport		_		\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (From	Sche	dule	e I)	\$					0.00]					
C. Total Funds	Available (Sum	Of Lines A	and B)		_		\$					0.00						
D. Total Expend	ditures (From S	chedule II	. I)				\$					0.00						
E. Ending Cash	Balance (Subtra	act Line D	From Line C	:)	_		\$					0.00						
F. Value Of In-l	Kind Contribution	ns Receiv	ed (From Sc	hedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From S	Schedule IV))			\$					0.00		'				
				AFF	ΙD	AVI	T SE	CTI	NC									
PART I - If this is	a Committee r	eport, trea	ısurer sign h	iere. 1	If th	nis is	a Car	ndidat	te re	port, c	candida	ite si	gn here.					
I swear (or affirm) correct and comple		ncluding the	a attached sch	edules	s file	ed on	paper	or by e	electi	ronic m	edium, a	are to	the best of 1	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me t day of	his	20								Sig	natur	e of Person	Submitt	ing Rep	oort		-
	- Cian:	*			_	_	- -						Printe	d Name				- [
My Commission Ex	Signa cpires	ture											Email					- [
	мо	D	AY	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a ca	indidate's	authorized (Comn	nitte	ee, C	andid	ate sl	nall	sign he	ere.						_	
I swear (or affirm) No 320) as amende		f my knowl	edge and belie	of this	poli	itical	comm	ittee h	as n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		is										s	ignature of	Candida	te			-
	day of 						-						Printed	Name				-
	Signatur	·e			_		-						• • • • • • • • • • • • • • • • • • • •	114				_ [
My Commission Exp	ires												Email					
	МО	D	PAY	YR	ı		-			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
JILL BECK	From:	9/19/202	<u>23</u> To:	10/23/2023				
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 1			\$	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 o	Name of Filing Committee or Candidate			Reporting Period					
		F	rom:		То	I			
		•		DATE			AMOUNT		
Full Name of Contributing Con	mmittee		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.

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.

(EXCIU	ue contributions fro	om pontical comm	iiile	es re	ported	III Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting F	Period			
		From: To:						
		ı			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.

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		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							+	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schee	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				orting Pe	riod				
Fro					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:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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:	9/19/2023 To:	10/23/2023
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 Ca	Reporting 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:	•		•				
					Г		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			ailed Summary Page,			e, 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				
					m:		To:	То:		
						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

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)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			, .			\$	0.00		