Campaign Finance Report

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

Filer Identification 2023C0082 Number :							port		CAN	IDI	DATE	✓	co	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		JILI	_ BE	CK										•	_
Street Address:																			
City:									State	:				Zip Code	e: 15	217			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	≣-	5.	30 DA		Р	POST- 6.			TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	/
report type)	ANNUAL	. REPORT	7. X	Year 2023					NG ME					PAPER		✓	DISKE	TTE	
Name of Office S	ought by	, Candidat	:e:						DAT	TE OF ELECTION District Office Number Code					ty Code	Coun			
									МО		DAY	YE	AR	-1	SPR	DEN	1	Code	
JUDGE OF THE	SUPERIO	or Court								11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	YE	AR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			11 28	2	023	Т	0		12	3	31	2023						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00							
D. Total Expenditures (From Schedule III)							\$					0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00						
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is		-		_									_						
I swear (or affirm) correct and complete		report, incli	uding the	attached scl	nedule:	s file	d on	paper	or by e	lectr	ronic me	edium,	are to t	the best of	my know	/ledge	and beli	ef , tru	ıe.
Sworn to and subs	cribed bef day of	ore me this		20						,		Si	gnature	e of Person	Submitt	ing Rep	ort		-
	_	Signatur	e					_		,				Printe	ed Name				-
My Commission Ex	cpires							_		•				Email					_
		МО	D	AY	YR						Are	ea Code	1	Daytime	Teleph	one Nu	mber		ᆜ
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	as no	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	i,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			-
								-						Printed	Name				-
		Signature						-						E					_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	l		-			Area	Code		Day	aytime Telephone Number				

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
JILL BECK	From:	11/28/202	<u>3</u> To:	12/31/2023				
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	(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	nittee or Candidate		Reporting Period						
		From:				:			
		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 Filing Committee	or Candidate		Rep	porting P	eriod				
			From: To				·o:		
					DATE		AN	IOUNT	
ull Name of Contributor				МО	DAY	YEAR			
failing Address							\$	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 Candidate	nme of Filing Committee or Candidate Re		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 Can	ame of Filing Committee or Candidate			Rep	orting Pe	riod			
				Froi	m:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address State Zin Code (Plus 4)							\$	0.00	
City	State	Zi	p Code (Plus	4)					
Employer Name	•	,			Occupa	tion	•	•	
Employer Mailing Address/Princi Business	pal Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	n Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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		Reporting Period						
			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 5</i> 4a. y 1 4 9 0,	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 Peri	od						
JILL BECK	From:	<u>11/28/2023</u> To:	12/31/2023					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candid	ate		Reporting	g Period	Reporting Period					
			From:			То:				
				DATE			AMOUNT			
Full Name of Contributor				DAY	YEAR					
Mailing Address						\$	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	те Г		PAGE TOTAL			
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL			
						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	ame of Filing Committee or Candidate				Re	porting	Period					
					Fro	m:		То	:			
							DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address									\$		0.00	
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•		Occupation							
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det				taile	ed					PAGE TOT	ΓAL	
Summary Page, Section 3.							0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (lame of Filing Committee or Candidate				Reporting Period					
			From	From						
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
							PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00			