

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <sup>2</sup> <input type="checkbox"/>	LOBBYIST <sup>3</sup> <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Nancy J. BECKER</b>							
STREET ADDRESS <b>1798 MEADOW GLEN DRIVE</b>							
CITY <b>LANSDALE</b>			STATE <b>PA</b>	ZIP CODE <b>19446</b>			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <b>RECORDER OF DEEDS</b>		DISTRICT NO.	PARTY <b>REP</b>	DATE OF ELECTION		
					MO.	DAY	YEAR
					<b>11</b>	<b>02</b>	<b>2010</b>
	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<b>09</b>	<b>13</b>	<b>2010</b>	RECEIVED OCT 19 A 8:54 OFFICE OF ELECTIONS MONTG. CO. IN.	
	CASH BALANCE AT END OF REPORTING PERIOD:				\$	<b>- 0 -</b>	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$	<b>- 0 -</b>		
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS					
<b>18</b> DAY OF <b>Oct</b> <b>2010</b>					
<b>Eileen G. Stagliano</b>	SIGNATURE			<b>Nancy J. Becker</b>	SIGNATURE OF PERSON SUBMITTING REPORT
				<b>NANCY J. BECKER</b>	PRINTED NAME
MY COMMISSION EXPIRES <b>6 3 2011</b>	MO.	DAY	YR.	<b>610</b>	AREA CODE
				<b>278-3055</b>	DAYTIME TELEPHONE NUMBER

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

**NOTARIAL SEAL**  
 EILEEN E. STAGLIANO, Notary Public  
 Norristown, Montgomery Co., PA  
 My Commission Expires June 3, 2011

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1987, P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS					
DAY OF <b>20</b>					
	SIGNATURE				SIGNATURE OF CANDIDATE
					PRINTED NAME
MY COMMISSION EXPIRES	MO.	DAY	YR.	AREA CODE	DAYTIME TELEPHONE NUMBER