

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 <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Nancy J. BECKER</i>					
STREET ADDRESS <i>1798 MEADOW GLEN DRIVE</i>					
CITY <i>LANSDALE</i>		STATE <i>PA</i>	ZIP CODE <i>19446 - 4743</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>RECORDER OF DEEDS</i>		DISTRICT NO.	PARTY <i>REP</i>	
	DATE OF ELECTION				
6TH TUESDAY PRE-PRIMARY	1.	MO. DAY YEAR		NO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY	2.	<i>10 24 2011</i>		<i>11 28 2011</i>	
30 DAY POST-PRIMARY	3.	DATES OF REPORTING PERIOD CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>- 0 -</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>- 0 -</u>			
6TH TUESDAY PRE-ELECTION	4.				
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>				
ANNUAL REPORT	7.				
FOR OFFICE USE ONLY					
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

RECEIVED
 2011 NOV 30 P 5:00

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
30 DAY OF *Nov* 20*11*

Eileen E. Stagliano SIGNATURE
 MY COMMISSION EXPIRES *3* MO. *3* DAY *2015* YR.

Nancy J. Becker SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME *NANCY J. BECKER*
 AREA CODE *610* DAYTIME TELEPHONE NUMBER *278-3053*

PART II -

If statement is filed on behalf of a Candidate, the Candidate must sign here.

NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 Norrisstown, Montgomery Co., PA
 My Commission Expires June 3, 2015

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE CANDIDATE HAS NOT VIOLATED ANY PROVISIONS OF THE CAMPAIGN FINANCE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 _____ DAY OF _____ 20____

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____