

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: 2010259	Report Filed By: CANDIDATE 1.	COMMITTEE 2. <input checked="" type="checkbox"/>	LOBBYIST 3. <input type="checkbox"/>
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Name of Filing Committee, Candidate or Lobbyist: **FRIENDS OF NANCY J. BECKER**

Street Address: **1798 MEADOW GLEN DRIVE**

City: **LAUSDAL** State: **PA** Zip Code: **19446 - 4743**

TYPE OF REPORT (place X to the right of report type)	1. 1ST FRIDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	3. 30 DAY POST PRIMARY	AMENDMENT REPORT	YES	NO
	4. 1ST FRIDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT	YES	NO
	7. ANNUAL REPORT	YEAR	FILING METHOD (CHECK ONE)	PAPER	DISKETTE	

Name of Office Sought by Candidate: RECORDER OF DEEDS	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR 04 24 2012		OTH	REP	46

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	12 31 2011		04 09 2012	
A. Amount Brought Forward From Last Report	\$	7,169.41		RECEIVED 2012 APR - 9 P 2:46
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-0-		
C. Total Funds Available (Sum of Lines A and B)	\$	7,169.41		
D. Total Expenditures (From Schedule III)	\$	662.50		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	6506.91		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-		

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 9th day of APRIL 20 12

Eileen E. Stagliano Signature

Michael J. Becker Signature of Person Submitting Report
Printed Name: Michael J. Becker
Area Code: 215 Daytime Telephone Number: 896-4691

My commission expires 6 MO. 3 DAY 2015 YR.

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

PART II - If this is a report of a Candidate, Authorized Committee, candidate shall sign here.

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, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 9th day of APRIL 20 12

Eileen E. Stagliano Signature

Nancy J. Becker Signature of Candidate
Printed Name: Nancy J. Becker
Area Code: 610 Daytime Telephone Number: 278-3055

My commission expires 6 MO. 3 DAY 2015 YR.

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

State Bureau of Commissions, Elections and Legislation
 Building Harrisburg, PA 17120-0029 (717) 781-2000

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF NADY J. BECKER</i>	Reporting Period From <i>12/31/2011</i> To <i>04/09/2012</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF NANCY J. BECKER	Reporting Period From 12/31/2011 To 04/09/2012
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To Whom Paid	MO.	DAY	YEAR	Amount
BOB LINT	01	26	2012	\$ 10.50
Mailing Address: 425 SWEDD ST				
Description of Expenditure: CONTRIBUTION				
City: NORRISTOWN	State: PA	Zip Code (Plus 4): 19404-		
MONT CO COUNSEL OF REP. WOMEN	02	24	2012	\$ 30.00
Mailing Address: 4137 KOTTER DR.				
Description of Expenditure: MEMBERSHIP				
City: LAFAYETTE HILL	State: PA	Zip Code (Plus 4): 19444-		
COURT HOUSE HILL COUNSEL OF REP. WOMEN	02	24	2012	\$ 25.00
Mailing Address: 1033 GREENS WAY CIRCLE				
Description of Expenditure: MEMBERSHIP				
City: COLLEGEVILLE	State: PA	Zip Code (Plus 4): 19426-		
NORTH PENN YMCA	02	27	2012	\$ 325.00
Mailing Address: NORTH PENN YMCA				
Description of Expenditure: STRONG KIDS CONTRIBUTION				
City: -	State: -	Zip Code (Plus 4): -		
EAST NORRITON REPUBLICAN COM.	03	04	2012	\$ 25.00
Mailing Address: EAST NORRITON REPUBLICAN COM.				
Description of Expenditure: FUNDRAISER CONTRIBUTION				
City: -	State: -	Zip Code (Plus 4): -		
COUNTY OF MONTGOMERY	03	19	2012	\$ 30.00
Mailing Address: P.O. BOX 311				
Description of Expenditure: WOMEN'S HISTORY LUNCHEON				
City: NORRISTOWN	State: PA	Zip Code (Plus 4): 19404-		
AREA 5 REPUBLICAN COMMITTEE	03	26	2012	\$ 50.00
Mailing Address: 533 BRITTON DRIVE				
Description of Expenditure: FUNDRAISER CONTRIBUTION				
City: KING OF PRUSSIA	State: PA	Zip Code (Plus 4): 19406-		
CHMC	03	27	2012	\$ 27.00
Mailing Address: CHMC				
Description of Expenditure: FUNDRAISER CONTRIBUTION				
City: BRIDGEPORT	State: PA	Zip Code (Plus 4): -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 542.50

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>FRIENDS OF NAVY J. BECKER</i>	Reporting Period From <i>12/31/2011</i> To <i>04/09/2012</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>PAYLLIS HECHT</i>	<i>03</i>	<i>27</i>	<i>2012</i>	<i>\$ 120⁰⁰</i>
Mailing Address <i>669a ROSE HOLLOW DR</i>				
Description of Expenditure				
City <i>YARDLEY</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19067-</i>		
<i>HIS REUNION</i>				
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL ¹⁰
\$ 120.