

Commonwealth of Pennsylvania  
**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: <b>2010259</b>	Report Filed By:	1.	2. <input checked="" type="checkbox"/>	3.
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF NANCY J. BECKER</b>				
Street Address: <b>1798 MEADOW GLEN DRIVE</b>				
City: <b>LANSDALE</b>	State: <b>PA</b>	Zip Code: <b>19446 - 4743</b>		
TYPE OF REPORT  (place X to the right of report type)	1.	2.	3.	
	4.	5.	6. <input checked="" type="checkbox"/>	
	7.	YEAR	7	
Name of Office Sought by Candidate: <b>RECORDER OF DEEDS</b>		DATE OF ELECTION <b>11 06 2012</b>		District Number
			Office Code <b>OTH</b>	Party Code <b>REP</b>
				County Code <b>46</b>
(SEE INSTRUCTIONS FOR CODES)				

Summary of Receipts and Expenditures from:	<b>10 22 2012</b>	To	<b>11 26 2012</b>
A. Amount Brought Forward From Last Report	\$	<b>4690.91</b>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<b>- 0 -</b>	
C. Total Funds Available (Sum of Lines A and B)	\$	<b>4690.91</b>	
D. Total Expenditures (From Schedule III)	\$	<b>172.00</b>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<b>4518.9</b>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<b>- 0 -</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<b>- 0 -</b>	

RECEIVED  
 2012 NOV 27 P 1:47  
 OFFICE OF  
 VOTER SERVICES  
 MONTG CO PA

**AFFIDAVIT SECTION**

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 27 day of NOV 20 12

Eileen E. Stagliano } Signature

My commission expires 6 3 2015  
 MO. DAY YR.

Michael J. Becker } Signature of Person Submitting Report

Printed Name: Michael J. Becker

Area Code: 215 Daytime Telephone Number: 896-469

I swear (or affirm) that to the best of my knowledge and belief, the Pennsylvania 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 27<sup>th</sup> day of NOV 20 12

Eileen E. Stagliano } Signature

My commission expires 6 3 2015  
 MO. DAY YR.

Nancy J. Becker } Signature of Candidate

Printed Name: Nancy J. Becker

Area Code: 610 Daytime Telephone Number: 278-3055

Department of State • Bureau of Commissions, Elections and Legislation  
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 724-5888

**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 NANCY J. BECKER</i>	Reporting Period From <i>10/22/2012</i> To <i>11/26/2012</i>
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	(1)	\$ - 0 -
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Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$ - 0 -

Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$ - 0 -

	(4)	\$ - 0 -
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<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ - 0 -
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF NANCY J. BECKER</b>	Reporting Period From <b>10/22/2012</b> To <b>11/26/2012</b>
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To Whom Paid <b>TROOP 303</b>	10   23   2012	Amount \$ <b>132.00</b>
Mailing Address <b>SUNNEY TOWN PIKE</b>		
City <b>LAUSDAL</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19446</b>
Description of Expenditure <b>FUNDRAISER</b>		
To Whom Paid <b>MCRC</b>	10   25   2012	Amount \$ <b>40.00</b>
Mailing Address <b>JOHNSON HIGHWAY</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401</b>
Description of Expenditure <b>FALL DINNER</b>		
To Whom Paid _____	_____	Amount \$ _____
Mailing Address _____		
City _____	State _____	Zip Code (Plus 4) _____
Description of Expenditure _____		
To Whom Paid _____	_____	Amount \$ _____
Mailing Address _____		
City _____	State _____	Zip Code (Plus 4) _____
Description of Expenditure _____		
To Whom Paid _____	_____	Amount \$ _____
Mailing Address _____		
City _____	State _____	Zip Code (Plus 4) _____
Description of Expenditure _____		
To Whom Paid _____	_____	Amount \$ _____
Mailing Address _____		
City _____	State _____	Zip Code (Plus 4) _____
Description of Expenditure _____		

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

PAGE TOTAL  
\$ **172.00**