

# 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: <b>CANDIDATE</b>		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>LAUSDAL</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. <input checked="" type="checkbox"/>	4.	5.	6.
	7. <input checked="" type="checkbox"/>	YEAR				
	Name of Office Sought by Candidate: <b>RECORDER OF DEEDS</b>					
			DATE OF ELECTION		District Number	Office Code
			<b>11 08 2011</b>			<b>07H</b>
					Party Code	County Code
					<b>REP</b>	<b>46</b>
(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:		MO. DAY YEAR	To	MO. DAY YEAR		
		<b>05 02 2011</b>		<b>06 06 2011</b>		
A. Amount Brought Forward From Last Report	\$	<b>19,379.14</b>				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<b>100.14</b>				
C. Total Funds Available (Sum of Lines A and B)	\$	<b>19,479.14</b>				
D. Total Expenditures (From Schedule III)	\$	<b>3,339.00</b>				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<b>16,140.14</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>				

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 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO PA

### AFFIDAVIT SECTION

**PART I** - If this is a Committee report, preparer 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 10 day of JUNE, 2011

**COMMONWEALTH OF PENNSYLVANIA**  
 Notary Seal  
 William Whiteside, Notary Public  
 Horsham Twp., Montgomery County  
 My Commission Expires Nov. 24, 2014  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature: \_\_\_\_\_

My commission expires 11 24 2014  
 MO. DAY YR.

Signature of Person Submitting Report: [Signature]  
 Printed Name: MICHAEL J. BECKER  
 Area Code: 615 Daytime Telephone Number: 896-4691

**PART II** - If this is a report of a Candidate's Authority, the candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief, the candidate 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 10 day of JUNE, 2011

**COMMONWEALTH OF PENNSYLVANIA**  
 Notary Seal  
 William Whiteside, Notary Public  
 Horsham Twp., Montgomery County  
 My Commission Expires Nov. 24, 2014  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature: [Signature]  
 Printed Name: NANCY J. BECKER  
 Area Code: 610 Daytime Telephone Number: 278-3055

My commission expires 11 24 2014  
 MO. DAY YR.

SCHEDULE I  
**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF NANCY J. BECKER</i>	Reporting Period From <i>05/02/2011</i> To <i>06/06/2011</i>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	(1)	\$ <i>100.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$ <i>- 0 -</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$ <i>- 0 -</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	(4)	\$ <i>- 0 -</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	<b>\$</b> <i>100.00</i>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF NANCY J. BECKER</b>	Reporting Period From <b>05/02/2011</b> To <b>06/06/2011</b>
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
LOWER MORELAND REPUBLICAN COM P.O. BOX 215 HUNTINGDON VALLEY PA 19006-	05	04	2011	\$ 30.00	FUNDRAISER
UPPER MERION REPUBLICAN COMMITTEE P.O. BOX 60932 KING OF PRUSSIA PA 19406-	05	06	2011	\$ 25.00	FUNDRAISER
PLYMOUTH TOWNSHIP REPUBLICAN COM. 111 MEETINGHOUSE LANE PLYMOUTH MEETING PA 19462	05	06	2011	\$ 35.00	FUNDRAISER
MONT CO COUNCIL OF REPUBLICAN WOMEN 2244 OAK TERRACE LAUSDAL PA 19446-	05	07	2011	\$ 80.00	FUNDRAISER
LOWER GWYNEDD REPUBLICAN COMMITTEE 539 TENNIS AVENUE AMBLER PA 19002-	05	12	2011	\$ 50.00	FUNDRAISER
MONTGOMERY COUNTY REP. COMMITTEE JOHNSON HIGHWAY NORRISTOWN PA 19401	05	13	2011	\$ 3,000.00	CAMPAIGN ASSESSMENT CONTRIBUTION
USPS SUMNEYTOWN PIKE KULPSVILLE PA 19443-	05	29	2011	\$ 44.00	POSTAGE FUNDRAISER MAILING
MC-NPL 1001 POWELL ST NORRISTOWN PA 19401-	06	02	2011	\$ 50.00	LIBRARY FUNDRAISER

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

PAGE TOTAL  
**\$ 3314.00**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>FRIENDS OF NANCY J. BECKER</i>	Reporting Period From <i>05/02/2011</i> To <i>06/06/2011</i>
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To Whom Paid <i>FOP CONSHOHOCKEN</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>2 COLWELL LANE</i>	<i>05</i>	<i>13</i>	<i>2011</i>	\$ <i>25.00</i>
City <i>CONSHOHOCKEN</i>	State <i>PA</i>			Zip Code (Plus 4) -
Description of Expenditure <i>FUNDRAISER</i>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
To Whom Paid	MO.	DAY	YEAR	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
\$ <i>25.00</i>