

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		
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		
					MO. <i>11</i>	DAY <i>08</i> YEAR <i>2011</i>	
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR	RECEIVED 2011 OCT 24 P 3:16 V		
30 DAY POST-PRIMARY	3.	<i>09 19 2011</i>		<i>10 24 2011</i>			
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-0-</i>					
2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>-0-</i>					
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO			<input checked="" type="checkbox"/>
ANNUAL REPORT	7.	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 24 DAY OF Oct 2011

Eileen E. Stagliano SIGNATURE
 MY COMMISSION EXPIRES MO. DAY YR. 6 3 2015

Nancy J. Becker SIGNATURE OF PERSON SUBMITTING REPORT
 NANCY J. BECKER PRINTED NAME

Eileen E. Stagliano NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 Norristown, Montgomery Co., PA
 My Commission Expires June 3, 2015
 AREA CODE 480 DAYTIME TELEPHONE NUMBER 278-3055

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ DAY OF _____ 20____

 SIGNATURE

 PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR. _____

 AREA CODE

 DAYTIME TELEPHONE NUMBER