

# 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**  **COMMITTEE**  **LOBBYIST**

Name of Filing Committee, Candidate or Lobbyist: **FRIENDS OF NANCY J. BECKER**

Street Address: **1798 MEADOW GLEN DRIVE**

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

TYPE OF REPORT (place X to the right of report type)

1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT	YES	NO
ANNUAL REPORT	7.	YEAR	<b>2011</b>	FILING METHOD	<input checked="" type="checkbox"/> CHECK ONE	PAPER	<input type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: **RECORDER OF DEEDS**

DATE OF ELECTION: MO. **11** DAY **08** YEAR **2011**

District Number: **0TH** Office Code: **REP** Party Code: **46** County Code: **46**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:

	MO.	DAY	YEAR	To	MO.	DAY	YEAR
A. Amount Brought Forward From Last Report							
B. Total Monetary Contributions and Receipts (From Schedule I)							
C. Total Funds Available (Sum of Lines A and B)							
D. Total Expenditures (From Schedule III)							
E. Ending Cash Balance (Subtract Line D from Line C)							
F. Value of In-Kind Contributions Received (From Schedule II)							
G. Unpaid Debts and Obligations (From Schedule IV)							

2012 JAN - 9 P 4:05 RECEIVED

## 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 9 day of Jan 20 12

Signature of Person Submitting Report: **Michael J. Becker**

Printed Name: **Michael J. Becker**

Area Code: **215** Daytime Telephone Number: **896-4691**

Signature of Notary: **Eileen E. Stagliano**

My commission expires 6 3 2015

## PART II - If this is a report of a Candidate, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this report 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 Jan 20 12

Signature of Candidate: **Nancy J. Becker**

Printed Name: **Nancy J. Becker**

Area Code: **610** Daytime Telephone Number: **278-3055**

Signature of Notary: **Eileen E. Stagliano**

My commission expires 6 3 2015

**NOTARIAL SEAL**  
**EILEEN E. STAGLIANO**, Notary Public  
 Department of State • Bureau of Commissions, Elections and Legislation  
 Norrisstown, Montgomery Co., PA • Harrisburg, PA 17120-0029 • (717) 787-5280  
 My Commission Expires **Jan 3, 2015**

# CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF NANCY J. BECKER</b>	Reporting Period From <b>11/28/2011</b> To <b>12/31/2011</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <b>50<sup>00</sup></b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <b>- 0 -</b>
All Other Contributions (Part B)	\$ <b>200<sup>00</sup></b>
TOTAL for the Reporting Period	(2) \$ <b>200<sup>00</sup></b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>- 0 -</b>
All Other Contributions (Part D)	\$ <b>600.<sup>00</sup></b>
TOTAL for the Reporting Period	(3) \$ <b>600.<sup>00</sup></b>

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

<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>850<sup>00</sup></b>
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# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <b>FRIENDS OF NANCY J. BECKER</b>	Reporting Period From <b>11/28/2011</b> To <b>12/31/2011</b>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <b>JAMES H CLARK, CLU, CAFC</b>				<b>12</b>	<b>15</b>	<b>2011</b>	\$ <b>100.00</b>
Mailing Address <b>15 GARRETT AVE</b>							\$
City <b>ROSEMONT</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19010 -</b>					\$
Full Name of Contributor <b>GEORGE A. SAINTA</b>				<b>12</b>	<b>15</b>	<b>2011</b>	\$ <b>100.00</b>
Mailing Address <b>5962 JANNETTE ST.</b>							\$
City <b>PHILA</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19128-1140</b>					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

PAGE TOTAL **00**  
\$ **200.00**

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

# ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>FRIENDS OF NANCY J. BECKER</i>	Reporting Period From <i>11/28/2011</i> To <i>12/31/2011</i>
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
<i>JEFFREY SCHAPPER</i>	<i>12</i>	<i>30</i>	<i>2011</i>		\$ <i>600.<sup>00</sup></i>
Mailing Address <i>1412 HAMPTON RD</i>					
City <i>JENKINTOWN</i>		State <i>PA</i>	Zip Code (Plus 4) <i>19046-1211</i>		
Employer Name <i>COOPER &amp; SCHAPPER</i>				Occupation <i>ATTORNEY</i>	
Employer Mailing Address/Principal Place of Business <i>1515 LOCUST ST PHILA, PA</i>					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	State	Zip Code (Plus 4)			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	State	Zip Code (Plus 4)			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	State	Zip Code (Plus 4)			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	State	Zip Code (Plus 4)			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
 \$ *600.<sup>00</sup>*

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate: **FRIENDS OF NANCY J. BECKER**  
 Reporting Period: From **11/28/2011** To **12/31/2011**

To Whom Paid			MO.	DAY	YEAR	Amount
CORPUS CHRISTI			12	20	2011	\$ 100. <sup>00</sup>
Mailing Address			Description of Expenditure			
SANDY TOWN PIKE			STAFF GIFTS			
City	State	Zip Code (Plus 4)				
LAUSDALE	PA	19446-				
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  
\$ 100.<sup>00</sup>