

COMMONWEALTH OF PENNSYLVANIA
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 type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST NANCY J. BECKER										
STREET ADDRESS 1798 MEADOW GLEN DRIVE										
CITY LANSDALE			STATE PA	ZIP CODE 19446 - 4743						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE RECORDER OF DEEDS			DISTRICT NO.	PARTY REP					
	DATE OF ELECTION			MO.	DAY	YEAR				
6TH TUESDAY PRE-PRIMARY	1				11	08	2011			
2ND FRIDAY PRE-PRIMARY	2									
30 DAY POST-PRIMARY	3									
6TH TUESDAY PRE-ELECTION	4									
2ND FRIDAY PRE-ELECTION	5									
30 DAY POST-ELECTION	6									
ANNUAL REPORT	7									
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
				11	28	2011		12	31	2011
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		- 0 -				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		- 0 -				
		AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>				
		TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>				
		FOR OFFICE USE ONLY								
		RECEIVED 2012 JAN -9 P 4:05 MONTGOMERY CO PA								

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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
9th DAY OF **Jan** 20**12**
 Signature: **Eileen E. Stagliano**
 MY COMMISSION EXPIRES **6 3 2015**
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
Nancy J. Becker
 PRINTED NAME
610 **278-3055**
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

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

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 OF CANDIDATE

 PRINTED NAME

 MY COMMISSION EXPIRES _____
 MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER