

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:	<u>2010259</u>	Report Filed By:	<u>CANDIDATE</u> 1.	<u>COMMITTEE</u> 2. ✓	<u>LOBBYIST</u> 3.
Name of Filing Committee, Candidate or Lobbyist: <u>FRIENDS OF NANCY J. BECKER</u>					
Street Address: <u>1798 MEADOW GLEN DRIVE</u>					
City:	<u>LANSDALE</u>	State:	<u>PA</u>	Zip Code: <u>19446 - 4743</u>	
TYPE OF REPORT (place X to the right of report type)	1. <input type="checkbox"/> NO CANDIDATE	2. <input type="checkbox"/> NO CANDIDATE	3. <input type="checkbox"/> NO CANDIDATE	4. <input type="checkbox"/> YES	
	4. <input type="checkbox"/> NO CANDIDATE	5. <input checked="" type="checkbox"/> YES	6. <input type="checkbox"/> NO CANDIDATE	7. <input type="checkbox"/> YES	
	7. <input type="checkbox"/> YEAR <u>2012</u>			FILING METHOD: <input type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE	

Name of Office Sought by Candidate: <u>RECORDER OF DEEDS</u>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	<u>11 06 2012</u>		<u>07A</u>	<u>REP</u>	<u>46</u>
(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)				\$			

RECEIVED
 2012 OCT 23 A 8:58
 OFFICE OF VOTER SERVICES
 MONTG CO PA
 My Commission Expires June 3, 2015

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the attached schedule, is true and correct to the best of my knowledge and belief.

Sworn to and subscribed before me this 23rd day of Oct 2012

Eileen E. Stagliano
 Signature
 My commission expires 6 3 2015
 MO. DAY YR.

Michael J. Becker
 Signature of Person Submitting Report
Michael J. Becker
 Printed Name
215 896-4691
 Area Code Daytime Telephone Number

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 23rd day of Oct 2012

Eileen E. Stagliano
 Signature
 My commission expires 6 3 2015
 MO. DAY YR.

Nancy J. Becker
 Signature of Candidate
Nancy J. Becker
 Printed Name
610 278-3055
 Area Code Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0925 • 717 787-1350

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

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>09/17/2011</i> to <i>10/22/2012</i>
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F. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	(1)	\$ <i>- 0 -</i>

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

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

D. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	(4)	\$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item 8.)</i>	\$ <i>- 0 -</i>
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF NANCY J. BECKER	Reporting Period From 09/17/2012 To 10/22/2012
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To Whom Paid	NO.	DATE	YEAR	Amount
WHITPAIN GOP	09	19	2012	\$ 55⁰⁰
Mailing Address 50 HIGH GALE LANE				
Description of Expenditure FUNDRAISER				
City BLUE BELL	State PA	Zip Code (Plus 4) 19422-		
MORNING STAR MINISTRIES	09	22	2012	\$ 50⁰⁰
Mailing Address P.O. BOX 1303				
Description of Expenditure FUNDRAISER				
City LANSDALE	State PA	Zip Code (Plus 4) 19446-		
MCCRW	09	27	2012	\$ 30⁰⁰
Mailing Address				
Description of Expenditure DINNER MEETING				
City	State	Zip Code (Plus 4) -		
PA STATE REP. COMMITTEE	09	28	2012	\$ 150⁰⁰
Mailing Address 112 STATE STREET				
Description of Expenditure FUNDRAISER				
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		
LANSDALE GOP	09	29	2012	\$ 100⁰⁰
Mailing Address 601 NELSON ST				
Description of Expenditure				
City LANSDALE	State PA	Zip Code (Plus 4) 19446		
PA PRO LIFE PAC	10	08	2012	\$ 75⁰⁰
Mailing Address				
Description of Expenditure FUNDRAISER				
City	State	Zip Code (Plus 4) -		
MONT GOMERY COUNTY GYM	10	14	2012	\$ 170⁰⁰
Mailing Address CHRISTOPHER LANE				
Description of Expenditure FUNDRAISER				
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438-		
HRCC	10	17	2012	\$ 100⁰⁰
Mailing Address P.O. BOX 11787				
Description of Expenditure FUNDRAISER				
City HARRISBURG	State PA	Zip Code (Plus 4) 17108		

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

PAGE TOTAL
\$ 730⁰⁰

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF NANCY J. BECKER	Reporting Period From <u>09/17/2012</u> To <u>10/22/2012</u>
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				Amount
To Whom Paid MCYR	MO	DAY	YEAR	\$ 45⁰⁰
Mailing Address 628 LAWNFALL RD	Description of Expenditure			
City PLYMOUTH MEETING PA	State	Zip Code (Plus 4) 19462		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

PAGE TOTAL
\$ **45⁰⁰**

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