

# 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>LANSDALE</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.	4.	5.	6.
	7. <input checked="" type="checkbox"/>	YEAR <b>2012</b>				
	Name of Office Sought by Candidate: <b>RECORDER OF DEEDS</b>					
DATE OF ELECTION <b>11 06 2012</b>			District Number	Office Code <b>OTH</b>	Party Code <b>REP</b>	County Code <b>46</b>
(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:		<b>11 26 2012</b>		To <b>12 31 2012</b>		
A. Amount Brought Forward From Last Report		\$ <b>4518.91</b>				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ <b>-0-</b>				
C. Total Funds Available (Sum of Lines A and B)		\$ <b>4518.91</b>				
D. Total Expenditures (From Schedule III)		\$ <b>60.00</b>				
E. Ending Cash Balance (Subtract Line D from Line C)		\$ <b>4458.91</b>				
F. Value of In-Kind Contributions Received (From Schedule II)		\$				
G. Unpaid Debts and Obligations (From Schedule IV)		\$				

RECEIVED  
 2013 JAN 15 P 3:30  
 OFFICE OF THE  
 SECRETARY OF  
 COMMONWEALTH

### AFFIDAVIT SECTION

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 15 day of JAN 2013

Eileen E. Stagliano  
Signature

My commission expires 6 3 2015  
MO. DAY YR.

MICHAEL J. BECKER  
Signature of Person Submitting Report  
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.

**Norristown, Montgomery Co., PA**  
My Commission Expires **June 3, 2015**

Sworn to and subscribed before me this 15 day of JAN 2013

Eileen E. Stagliano  
Signature

My commission expires 6 3 2015  
MO. DAY YR.

NANCY J. BECKER  
Signature of Candidate  
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 17120-0029

(717) 765-2889

**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>11/26/2012</i> To <i>12/31/2012</i>
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UNIDENTIFIED CONTRIBUTIONS AND RECEIPTS - \$200 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ - 0 -

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES AND PART B	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$ - 0 -

CONTRIBUTIONS OVER \$200 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$ - 0 -

OTHER CONTRIBUTIONS AND RECEIPTS	
TOTAL for the Reporting Period (4)	\$ - 0 -

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

Name of Filing Committee or Candidate <i>FRIENDS OF NANCY J. BECKER</i>	Reporting Period From <i>11/26/2012</i> To <i>12/31/2012</i>
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To Whom Paid	Date	Amount
MONT CO COUNCIL OF REP. WOMEN Mailing Address: <i>2244 OAK TERRACE</i> City: <i>LAUSDAL</i> State: <i>PA</i> Zip Code (Plus 4): <i>19446 4743</i>	<i>12 06 2012</i>	\$ <i>60.00</i>
Description of Expenditure <i>DINNER MEETING + MEMBERSHIP</i>		
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	Date	Amount \$

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

PAGE TOTAL \$ <i>60.00</i>
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