## CAMPAIGN FINANCE REPORT



(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 2010 259	Report Filed By:	CANDIDATE 1.	5 DBM ( 2 E ) 3. 15 H B A 7 ( )					
Name of Filing Committee, Candidate or Upblyist:								
Street Address: SECKOR								
1798 MEASOW GUEN DRIVE								
LAUSDALE		State:	19446 -4743					
TYPE OF REPORT		PORT PRIMARY						
mentos V		80 PAY 6.						
the right of								
report type)	i i							
Name of Office Sought by Candidate:		DATE OF ELECTION	District Office Party County Number Code Code Code					
KECURSER OF DEEDS		41 04	07H KEP 46					
		1/ 06 20/2	(SEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:	To							
A. Amount Brought Forward From Last Report	\$	6.0 70.91	×< 2 —					
B. Total Monetary Contributions and Receipts (From Sch	edule I) \$	-0-						
C. Total Funds Available (Sum of Lines A and B)	\$	6,070.91	SE CHOCK					
D. Total Expenditures (From Schedule III)	\$	605.00	)⊞ 20 6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6					
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5465.91	o So So So S					
F. Value of In-Kind Contributions Received (From Scher	dule ii) \$	-0 -						
G. Unpaid Debts and Obligations (From Schedule IV)	<u> </u>		S					
	AFFIDAVIT SE							
			,					
I swear (or affirm) that this report, including the attached sched correct and complete.	dules, on paper o	or computer diskette, are to	the best of my knowledge and belief true,					
Sworn to and subscribed before me this	.2.							
6 111	12	Signature of	4-Person Submitting Report					
Caleen & Staglians		MICHAEL	J. BEYKETZ					
Signature / My commission expires 6 3 20	15	215	896-4691					
	OTARIAL SEAL		Daytime Telephone Number					
CHERT C			s come to the contract of the					
I swear (or affirm) that to the best of my knowledge CANTON NO. 120) as amended.	HAW EXPLUSE IN	Bindire 201 Res Mor violated a	ny provisions of the Act of June 3, 1937					
Sworn to and subscribed before me this		16.10	1/6					
20 M day of Sept 2	·12]	Much	Del					
Eileen & Starbano MANCH J. BECKOR								
My commission expires 6 3 20	115	618	278-3055					
MO. DAY YR.		Area Code	Daytime Telaphone Number					

NOTARIAL SEAL

EILEEN E. STAGLIANO, Notaris Rubblet of State 

Bureau of Commissions, Elections and Legislation
Norristown, Montgorget North April Building 

Harrisburg, PA 17120-0029 

(717) 787-5280

My Commission Expires June 3, 2015

### PAGE 2 OF 3

#### SCHEDULE I

## CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate FRIOUDS OF NAVCY T. BECKER	Reporting Peri	ed 4/12	9/17/12		
自動物が対象を目がは2016年1日の1995年1日は1995年1月の1日日の1日日の1日日の1日本では1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日					
TOTAL for the Reporting Per	riod (1)	\$	-0-		
	The Thirty Commission of the C				
Contribution Description Contribution Contri					
Contributions Received from Political Committees (Part A)		\$			
All Other Contributions (Part B)		\$			
TOTAL for the Reporting Pe	riod (2)	\$ ~	7 —		
CERCONSTITUTE NO NEW SYSTEMS OF THE STATE OF THE PROPERTY OF T	Many on the second seco	To the second			
Contributions Received from Political Committees (Part C)		\$			
All Other Contributions (Part D)		\$			
TOTAL for the Reporting Pe	eriod (3)	\$ ~	7 -		
TOTAL for the Reporting Pe	eriod (4)	\$ -0			
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)		s ~			

### SCHEDULE III

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period	
FRIOUSS OF NAWAY J. BECKER			From 5/14/12 To 9/17/12	
	700	710.0	1111	
To Welom Paid	1	B	MD PAY FAR Amount	
LOWER GWYNEDD X	COU	BLICAN (DA	05 17 2012 \$ 15	
539 /ENUNIS AN			Description of Expenditure	
City	State	Zip Code (Plus 4)	C 201-	
TO Whom Paid	11	19002-	HUNDRAISOR	
To Whom Raid ORPUS CHR 1571 Mailing Address			01 01 2012 \$ 75	
DUMURT POUX	L	ike	Description of Expenditure FUND RAISOR	
LANS DALE	State	Zip Code (Plus 4)	FUNDICITISME	
TO WHOM PAID TO NE WOUNDER WA	*	1,,,,,,	Amount O	
Marring Address )	RKI	ORS	06 15 2012 \$ / 00,	
City 633 COURT ST			Ossui priori di Experierre	
LEADING	Stort	Zip Code (Plus 4) 1960  -	CONTRIBUTION	
TO WHOM PONT CO COUNCIL OF	De	~ 11)2Ma	MO. Amount 30	
Mailing Address	<u> </u>	F. avoina	Description of Expenditure	
City	State	Zip Code (Plus 4)		
			DINNER MEETING	
Mailing Address  To Whom Faid  MONT 60M CRY (BUNTY)	186	M. Collete	07 01 2012 \$ 225	
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)	No De Diena	
To Whom Paid	لــــــــــــــــــــــــــــــــــــــ		CONTRIBUTION	
To Whom Paid Co AFP. WOMEN'S	10	ADERSHIP	08 25 2012 \$ 50.00	
Meiling Address			Description of Expenditure	
City	State	Zip Code (Plus 4)	<i>//</i>	
	<u> </u>	_	MEMBERSHIP /)YES	
To Whom Pair		-	09 05 20/2 \$ 50	
3 40 HARDING BLUD	R	0x 685	Description of Expenditure	
CITY DORRISTOWN	Style	Zip Code (Plus 4)	MAINER	
To Whom Paid	1/	1794 UGS		
			Amount \$	
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
			PAGE TOTAL	
Enter Grand Total of Expenditures on Pag	ge 1,	Report Cover Pa	age, Item D. \$ 605.	