

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 checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>NANCY J. BECKER</i>																	
STREET ADDRESS <i>1798 MEADOW GLEN DRIVE</i>																	
CITY <i>LAUSDALE</i>			STATE <i>PA</i>	ZIP CODE <i>19446 - 4743</i>													
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <i>RECORDER OF DEEDS</i>		DISTRICT NO.	PARTY <i>REP</i>												
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input checked="" type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>		DATE OF ELECTION		<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><i>11</i></td><td><i>06</i></td><td><i>2012</i></td></tr> </table>		MO.	DAY	YEAR	<i>11</i>	<i>06</i>	<i>2012</i>						
MO.	DAY	YEAR															
<i>11</i>	<i>06</i>	<i>2012</i>															
		DATES OF REPORTING PERIOD <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><i>05</i></td><td><i>14</i></td><td><i>12</i></td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><i>09</i></td><td><i>17</i></td><td><i>12</i></td></tr> </table>		MO.	DAY	YEAR	<i>05</i>	<i>14</i>	<i>12</i>	MO.	DAY	YEAR	<i>09</i>	<i>17</i>	<i>12</i>	OFFICE OF VOTER SERVICES MONTG. CO. PA RECEIVED 2012 SEP 20 P 3:18	
MO.	DAY	YEAR															
<i>05</i>	<i>14</i>	<i>12</i>															
MO.	DAY	YEAR															
<i>09</i>	<i>17</i>	<i>12</i>															
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>- 0 -</i> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>- 0 -</i>		<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>				
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>														
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>														

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's 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
20th DAY OF *Sept* 20 *12*
Gileen E. Stagliano SIGNATURE
 MY COMMISSION EXPIRES *6* MO. *9* DAY *2015* YR.

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

PART II -

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

NOTARIAL SEAL
GILEEN 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, THE STATEMENT OF THE CANDIDATE 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
 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____