

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	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>NANCY J. BECKER</i>						
STREET ADDRESS <i>1798 MEADOW GLEN DRIVE</i>						
CITY <i>LANSDALE</i>			STATE <i>PA</i>	ZIP CODE <i>19446-4743</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	<i>RECORDER OF DEEDS</i>			<i>REP</i>	MO.	DAY YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR	OFFICIAL USE ONLY	
30 DAY POST-PRIMARY	3.	<i>09 16 2013</i>		<i>10 21 2013</i>	2013 OCT 22 AM 10:23	
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-0-</i>				OFFICIAL USE ONLY VOTER SERVICES NOT FOR RECORD
2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>-0-</i>				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
ANNUAL REPORT	7.	TERMINATION REPORT? YES <input type="checkbox"/> 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 EXPENDITURES OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THAT I HAVE MADE THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

NOTARIAL SEAL  
 Jeanne M Drake  
 NOTARY PUBLIC  
 Plymouth Twp, Montgomery County  
 My Commission Expires 06/26/2017

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22nd DAY OF OCTOBER  
 SIGNATURE OF PERSON SUBMITTING REPORT: *Nancy J. Becker*  
 PRINTED NAME: Nancy J. Becker  
 AREA CODE: 610 DAYTIME TELEPHONE NUMBER: 278-3055

MY COMMISSION EXPIRES 06 26 17  
 MO. DAY YR.  
 SIGNATURE: *Jeane M Drake*

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

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: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 AREA CODE: \_\_\_\_\_ DAYTIME TELEPHONE NUMBER: \_\_\_\_\_  
 MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.