	FINANCE REPORT	PAGE 1 OF 4
(NOTE: This report must be clear and legi		
Filer Identification 20/0259 Reg	port	
Name of Eiring Committee, Candidate or Lobbyist:		COMMITTEE 2 LOBBYIST
Street Address:	BECKER	
1798 MEADOW GLOW D	RIVE	
City: LANSDALE	States	Zip Code:
TYPE OF THE SOAN 1. SAND FRIDAY		19446 - 4743
REPORT PRE-PRIMARY	2. SO DAY POST PRIMARY	AMENOMENT MES NO
(place X to PRE-ELECTION 4. PRE-ELECTION	5. SO DAY 6.	TERMINATION TYPE INC
the right of report type)		
Name of Office Sought by Candidate:		
RECURDER OF DEEDS	DATE OF ELECTION	N District Office Party Coun Number Code Code Cod
TE WASSE OF DEEDS	11 05 2013	OH REP 4
PHILTON SALE FRANCISCO FRANCIS		FOR OFFICE USE ONLY
Summary of Receipts and Expenditures from:		
	To 1/ 25 20/3	
A. Amount Brought Forward From Last Report	\$ 8,5.54.96	8
<ul> <li>B. Total Monetary Contributions and Receipts (From Schedule I</li> <li>C. Total Funds Available (Sum of Lines A and B)</li> </ul>		VOTER STORES
	\$ 8,929,96	
D. Total Expenditures (From Schedule III)	\$ 50.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 8,879.96	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ -0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -0-	
AFFIDA I swear (or affirm) that this report, including the atthemistorm Monta correct and complete. Sworn to end subscribed before me this	Willief Yos Qam PAtar diabatha ara to	the best of my knowledge end belief true
27 day of 20/3	]_/4	
Couleen 6 Staduano	MICHAEL	of Person Submitting Report
Signature My commission expires 6 3 2015	The state	Printed Name
MO. DAY YR.	Area Code	Daytime Telephone Number
I swear (or affirm) that to the best of my knowledge and belief this pol (P.L. 1333, No. 320) as amended.	itical committee has not viplated a	my provisions of the Act of June 3, 1937
Sworn to and subscribed before me this	Ma	
27 day of 1/00 2013	1 // aus	VDo. S
Enland & Atadenak	I lanou sign	ature of Complicate
Signature	1 NITNEY L	Printed Name
My commission expires 3 3015	610	278-3055
	Area Code	Deytime Telephona Number
Department of State   Bureau of	Commissions, Elections and I	Legislation
210 North Office Building   Harrisbu E8-502 (7-99)	rg, PA 17120-0029 (NQ74 EILEEN E. STAG	W4987E8280 GLIANO, Notary Public
	Norristown, M	Expires June 3, 2015
and the second		CAPITOR JUNO J, 2015

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## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF <u>#</u>

STATES OF STATES AND STATES AND STATES

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Period FRIENDS OF NANCY J. BECKER From 10/21/13 To 11/25/13

FE DIVITEMENTO, CONTRIBUTIONS ANY DEPENDENT FORD ORDERS PER	e(c))†	<u>a</u> ev	$v_{\rm E}) : [ (\sin \omega + 1)^{1/2} + (\sin \omega + 1)^{1/2}$	
TOTAL for the Reporting Period	(1)	\$	25.00	

STATE AND THE AND A SUBOLE REASS ADDITION OF THE AND AND PARTY FROM		
Contributions Received from Political Committees (Part A)	Second of the second second second	\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$ _0 _

CONTRACTOR OF A CONTRACT OF	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 35000
TOTAL for the Reporting Period (3	\$ 350°°

TOTAL for the Reporting Period	(4)	- 0	τ	

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.) \$ 375.00
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S PART D ALL OTHER CONTRI	BUTIONS	PAGE <u>3</u> OF <u>4</u>			
OVER \$250.00 Use this Part to itemize all other contributions with an aggregate value of					
Exclude contributions from political comm	na neriod				
Name of Filing Committee or Candidate FRIENDS OF NANCY J. BECKE	Reporting Period From <u>10/21</u>	113 To 11/25/13			
Full Name-of Contributor	DATE	AMOUNT			
Mailing Address O. BOHMUELLER	10 25 203	\$ 350°°			
29 MAIN SO		\$			
HARLEYSVILLE PA 19438-	Ale participation of the second second	\$			
BOHMUELLON LAW PRACTICE	Occupation ATTORI	UEU			
Employer Mailing Address/Principal Place of Business 29 MAIN 55, HARLEYSUILL		38			
Full Name of Contributor		\$			
Mailing Address		\$			
City State Zip Code (Plus 4)					
Employer Name	Occupation	\$			
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					
Malling Address		\$			
City State Zio Code (Pius 4)		\$			
Employer Name		\$			
	Occupation				
Employer Mailing Address/Principal Place of Business		· · · · · · · · · · · · · · · · · · ·			
Full Name of Contributor		\$			
Mailing Address		\$			
City State Zip Code (Plus 4)		\$			
Employer Name	Occupation	· · · · · · · · · · · · · · · · · · ·			
Employer Mailing Address/Principal Place of Business	1				
Full Name of Contributor					
Mailing Address		\$			
City State Zip Code (Plus 4)		\$			
Employer Name	Occupation	\$			
Employer Mailing Address/Principal Place of Business					
Enter Grand Total of Part D on Schedule I, Detailed Summary	Page, Section 3.	PAGE TOTAL 0			
SEB-502 (7-99)		+			

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PAGE <u>4</u> OF <u>4</u>

## SCHEDULE III STATEMENT OF EXPENDITURES

Mailing Address Description of Expenditure	Name of-Filing Committee or Candidate		$\sim \alpha$	R	eporting		/ /
Ta Whom Paid       Amount       0.0         Mailing Address       Data (1)       Data (1)       D.0         Ta Whom Paid       Amount       State       Description of Expenditure         To Whom Paid       To Whom Paid       State       Zip Code (Plus 4)       Full (2)         To Whom Paid       State       Zip Code (Plus 4)       State       State       State         To Whom Paid       State       Zip Code (Plus 4)       State       State       State         To Whom Paid       State       Zip Code (Plus 4)       State       State       State         To Whom Paid       State       Zip Code (Plus 4)       State       State       State         To Whom Paid       State       Zip Code (Plus 4)       State       State       State       State         To Whom Paid       State       Zip Code (Plus 4)       -       State       <	FRIENDS OF NANCY	J.e	BECKON				3 To /1 /25/3
MCCARD     Description of Expenditure       Description of Expenditure     Description of Expenditure       Diffy     Description of Expenditure       To Whom Paid     Description of Expenditure       Mailing Address     Description of Expenditure       City     State       To Whom Paid     Description of Expenditure       Mailing Address     Description of Expenditure       City     State       To Whom Paid     Description of Expenditure       Mailing Address     Description of Expenditure       City     State       To Whom Paid     Description of Expenditure       Mailing Address     Description of Expenditure       City     State       To Whom Paid     Description of Expenditure       Mailing Address     Description of Expenditure       City     State       To Whom Paid     Description of Expenditure       Mailing Address     Description of Expenditure       City     State       To Whom Paid     Description of Expenditure       Mailing Address     Description of Expenditure       City     State       To Whom Paid     Description of Expenditure       Mailing Address     Description of Expenditure       City     State       To Whom Paid     Description of Expendit	111100000000000000000000000000000000000						<b>/</b>
Mailing Address Description of Expenditure Description of Expenditure Description of Expenditure To Whom Paid	To Whom poig CRW				15	2013	<i>4 1 1 1</i>
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Mailing Address     Description of Expanditure       City     State     Zip Code (Plus 4) 	To Whom Paid			MG	DAY		
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City State Zip Code (Plus 4)	City	State	Zip Code (Pius 4)		<u></u>	<u>-</u>	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, item D.	Enter Grand Total of Expanditures on Pau	de 1.	Report Cover P	age. it	em D.		

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