CAMPAIGN FINANCE REPORT

PAGE 1 OF

	e. It may be typed or printed in	DIGE OF DIACK TIK.)							
Filer Identification Dumber: 2010259 Repo		COMMITTEE LOBBYIST 3.							
Name of Filting Committee, Candidate or Lobbyist: - RIENDS OF NANCY J. BECKER									
1798 MEADOW GUN DRIVE									
City: LANSDALE	State:	zip Code: 19446 - 4743							
TYPE OF PRESIDENCE TO THE PRES	2- 30 DAY 3. POST PRIMARY	AMENDALE TO THE STATE OF THE ST							
(place X to PRE-ELECTION PRE-ELECTION	5. SO DAY 6. SECTION	TPUMA CON-							
the right of report type) ANNUAL 7. YEAR 201	3 FILING METHOD								
Name of Office Sought by Candidate: RECORDER OF DEEDS	DATE OF ELECTION LOS 2013	District Office Party County Code Code Code Code Code Code Code Code							
Summary of Receipts and Expenditures from:	Mo DAY YEAR TO 12 31 20/3	FOR OFFICE USE ONLY							
A. Amount Brought Forward From Last Report	\$ 8,879,96	NA CONTRACTOR							
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 100.°								
C. Total Funds Available (Sum of Lines A and B)	\$ 8,979,96	THE CHEST							
D. Total Expenditures (From Schedule III)	\$ 290.00								
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 8.689.96	T: 0							
F. Value of In-Kind Contributions Received (From Schedule II)	\$ -0-	O, P							
G. Unpaid Debts and Obligations (From Schedule IV)	s — o -								
HARRIE BURELLE									
I swear (or affirm) that this report, including the attached schedules, on correct and complete.	paper or computer diskette, are to th	e best of my knowledge and belief true,							
Sworn to and subscribed before me this 6 day of JAN 20/4 Coller 6 Staglant Signature My commission expires 6 3 20/5 MO. DAY YR.	Area Code	Person Submitting Report SECKON Inted Name SGC 4691 Daytime Telephone Number							
I swear (or affirm) that to the best of my knowndilly Collection Boll (P.L. 1333, No. 320) as amended.	HEA CHENTY TO BE OUT VIOLETED BRY	provisions of the Act of June 3, 1937							
Sworn to and subscribed before me this described STAN 20/4 Sullen & Stagliano Signature 3 20/5 MO. DAY YR	Area Code	inted Name Deytime Telephone Number							

-SILEEN E. STAGLIANO, Notary Public Norristown, Montgomery Co., PA My Commission Expires June 3, 2015

Department of State

Bureau of Commission, Elections and Legislation

NDFARINGSEADFfice Building
Harrisburg, PA 17120-0029 NOCKMAR87#6280

EILEEN E. STAGLIANO, Notary Public
Norristawn, Managemery Co., PA

My Commission Expires June 3, 2015

SCHEDULE I

PAGE 2 OF 3

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary rage	
Name of Filing Committee or Candidate FRIEWS 3 AC NAVRY J. BECKOZ From 11/2	iod 5/2013 to /2/31/2013
1 UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER CONT	RIBUTOR
TOTAL for the Reporting Period (1)	\$ 100.00
2 CONTRIBUTIONS SSOLOT (0 5250 00 FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$ -0-
SETSONERIBERRIONS OVERES SOM TROM PART CAND PARTED	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$ -0-
A TOTAL CONTRACTOR OF THE CONT	
TOTAL for the Reporting Period (4)	s -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.)	\$ 100.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF NANCY J.	BE	ECKER	R	eporting From/	Period / 1/05/20	<u>ИЗ</u> т	·12/3/	62013
								
TO Whom Paid PENUN COMMONS		11 26 2013 \$ 250 00						
Meiling Address		Description of Expenditure VAMPAL6 W						
SOUDERTUN	State	Zip Code (Plus 4) 18964-1)197	COL	NRI	BUTT			
NORTH PENN YMCA			72	23	2013	Amount \$	40	r d
2506 N. BROAD ST.				en of Expe	enditure 5	<u>05</u>		
COLMAR	State	Zip Code (Plus 4) 8915 –	Cer	NRIB	UMO	J		
To Whom Paid			MC			Amount \$	·	
Mailing Address			Description	on of Expe	nditure			
City	State	Zip Code (Plus 4)		-				
To Whom Paid		22.5			Amount \$			
Mailing Address		Description	n of Exp	nditure				
City	State	Zip Code (Plus 4)					•	
To Whom Paid		2,6	GAY		Amount \$			
Mailing Address			Description	n of Expe	enditure			
City	State	Zip Code (Plus 4) —						
To Whom Paid			N.C.	O AS	S S A S S	Amoun:		
Mailing Address			Description	n of Expe	enditure			
City	State	Zip Code (Plus 4)						
To Whom Paid		N. X. S.	22.50		Amoun \$			
Mailing Address			Description	on of Exp	enditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			33.5		Amoun \$	t		
Mailing Address			Description	on of Exp	enditure			
City	State	Zip Code (Plus 4)						
	L							

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