

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 Nancy J. Becker					
STREET ADDRESS 1798 MEADOW GLEN DRIVE					
CITY LAUSDAL		STATE PA	ZIP CODE 19446 - 4743		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/> 7. ANNUAL REPORT		RECORDOR OF DEEDS			REP
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 10 19 2015 TO 11 23 2015		DATE OF ELECTION MO. DAY YEAR 11 03 2015	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ - 0 - TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ - 0 -		FOR OFFICE USE ONLY 2015 NOV 03 11:19:53	
		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  
 24 DAY OF NOV 2015

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

SIGNATURE: *Catherine E. Stagliano*  
 MY COMMISSION EXPIRES: 6 3 2019  
 MO. DAY YR.

**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 AN ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

NOTARIAL SEAL: FILENE STAGLIANO, Notary Public, Montgomery Co., PA, My Commission Expires June 3, 2019

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 DAY OF 20  
 SIGNATURE: \_\_\_\_\_  
 PRINTED NAME: \_\_\_\_\_  
 MY COMMISSION EXPIRES: \_\_\_\_\_  
 MO. DAY YR.

SIGNATURE OF CANDIDATE: \_\_\_\_\_  
 PRINTED NAME: \_\_\_\_\_  
 AREA CODE: \_\_\_\_\_ DAYTIME TELEPHONE NUMBER: \_\_\_\_\_