

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: **2010259** Report Filed By: **CANDIDATE**

Name of Filing Committee, Candidate or Lobbyist: **FRIENDS OF NANCY J. BECKER**

Street Address: **1798 MEADOW GLEN DRIVE**

City: **HAUSDALE** State: **PA** Zip Code: **19446-4743**

TYPE OF REPORT (place X to the right of report type)	1. <input checked="" type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
	4. <input type="checkbox"/>	5. <input type="checkbox"/>	6. <input type="checkbox"/>
	7. <input type="checkbox"/>	YEAR 1	

Name of Office Sought by Candidate: **RECORDER OF DEEDS**

DATE OF ELECTION: **05 21 2013**

District Number: **07H** Office Code: **REP** Party Code: **REP** County Code: **46**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: **12 31 2012** To: **04 01 2013**

A. Amount Brought Forward From Last Report	\$ 4458.91
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 300.00
C. Total Funds Available (Sum of Lines A and B)	\$ 4758.91
D. Total Expenditures (From Schedule III)	\$ 228.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 4530.91
F. Value of In-Kind Contributions Received (From Schedule II)	\$ -0-
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -0-

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 APR -5 P 1:00
 OFFICE OF
 STATE SERVICES
 COMMONWEALTH OF PENNSYLVANIA

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 5 day of April 2013

Eileen E. Stagliano
 Signature

My commission expires 6 3 2015
 MO. DAY YR.

Michael J. Becker
 Signature of Person Submitting Report

215 896-4691
 Area Code Daytime Telephone Number

NOTARIAL SEAL
 EILEEN 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 this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 5 day of April 2013

Eileen E. Stagliano
 Signature

My commission expires 6 3 2015
 MO. DAY YR.

Nancy J. Becker
 Signature of Candidate

610 278-3055
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF NANCY J. BECKER	Reporting Period From 12/31/2012 To 4/1/2013
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ -0-

2. CONTRIBUTIONS \$50.01 TO \$250.00 (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-

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 300. ⁰⁰
TOTAL for the Reporting Period	(3) \$ 300. ⁰⁰

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ -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.)	\$ 300.⁰⁰
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**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate FRIENDS OF NANCY J. BECKER	Reporting Period From 12/31/2012 To 4/1/2013
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
NANCY J. BECKER	01	31	2013	\$ 300 ⁰⁰
Mailing Address 1798 MEADOW GLEN DR	MO.	DAY	YEAR	\$
City LANSDALE State PA Zip Code (Plus 4) 19446-	MO.	DAY	YEAR	\$
Employer Name MONTGOMERY COUNTY Occupation RECORD OF DEEDS				
Employer Mailing Address/Principal Place of Business P.O. BOX 311, DORRISTOWN, PA 19404-0311				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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
\$

