## 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		T	, , , , , ,		
NAME OF FILING COMMITTEE, CA	ANDIDATE OR LOBBYIST	ON BEHALF OF	CANDIDATE	COMMITTE	E 2.	LOBBYIST	3.
STREET ADDRESS	y J. BECKOR						<b>4.</b>
1798 CITY	MEHDOW GLOW	DRIVE	<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
l /	JUALE	STATE		ZIP CODE / 444/		- 474	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DA		ELECTION	
6TH TUESDAY PRE-PRIMARY	KECORVER OF DEEDS	5	REF	105	2/	20.	IR /こ
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD 12 3/ 20/2 TO 1	MO. DAY YEAR H W 2013		FOR	OFFICE (	USE ONLY	
30 DAY POST-PRIMARY	CASH PALANCE AT THE		J ————————————————————————————————————			<del></del>	
6TH TUESDAY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	s <u>-0-</u>		<b>基</b> 100 100 100 100 100 100 100 10	다 198	$\widetilde{\square}$	
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$0 -			-S		
30 DAY POST-ELECTION	AMENDMENT YES	NO NO			Ū <del></del>		
ANNUAL 7. REPORT	TERMINATION YES	NO V			00	$\cup$	
	AFFIDAN	/IT SECTION					
statement is filed on	behalf of a <u>Political Committee or Canc</u> behalf of a <u>Candidate</u> , the Candidate m behalf of a <u>Contributing Lobbyist</u> , the L	iust sign nere. Obbvist must sia	n here				
	HE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABIL FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE	TIES INCURRED DURING	THE REPORTI	NG PERIOD INDICA	AND COM	VE DID NOT	
SWORN TO AND SUBS	CRIBED BEFORE ME THIS	_/////	las		916		ı
Gileen	Stagliano	- AVEL	151	DECKE			_
MY COMMISSION EXPIR	signature 3 20/5  MO. DAY YR.	AREA CODE	PRIMITEI	D NAME 1-3052	5		
ART II –	· · · · · · · · · · · · · · · · · · ·	AREA GODE	DAY	TIME TELEPHONE	NUMBE	R	
statement is filed of	behalf of a <u>Candidate's Authorized Com</u>	mittee, Candida	te must si	gn here.			
SWEAR (OR YERRM TO	HATNOTTIAL DESTRICT AND	512	FN F NE	PRIAL STAL	S OF THE	ACT OF	
	RIBED BEFORE ME THIS	My	Commission	illanigomory ( n Expir lene F CANDIDATE			
DAY OF	20						
MY COMMISSION EXPIR	SIGNATURE		PRINTED	NAME			
EAFIR	MO. DAY YR.	AREA CODE	DAYT	IME TELEPHONE	NUMBER	<u> </u>	