

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 <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>NANCY J. BECKER</i>						
STREET ADDRESS <i>1798 MEADOW GLEN DRIVE</i>						
CITY <i>LANSDALE</i>	STATE <i>PA</i>	ZIP CODE <i>19446 - 4743</i>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>RECORDER OF DEES</i>	DISTRICT NO.	PARTY <i>REP</i>	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY				<i>11</i>	<i>05</i>	<i>2013</i>
2ND FRIDAY PRE-PRIMARY						
30 DAY POST-PRIMARY						
6TH TUESDAY PRE-ELECTION <input checked="" type="checkbox"/>						
2ND FRIDAY PRE-ELECTION						
30 DAY POST-ELECTION						
ANNUAL REPORT						
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
MO.	DAY	YEAR	MO.	DAY	YEAR	SEP 19 PM 3:03
<i>06</i>	<i>10</i>	<i>2013</i>	<i>09</i>	<i>16</i>	<i>2013</i>	
CASH BALANCE AT END OF REPORTING PERIOD:		\$		<i>- 0 -</i>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		<i>- 0 -</i>		
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	SIGNATURE OF PERSON SUBMITTING REPORT
<i>19</i> DAY OF <i>Sept</i> 20 <i>13</i>	<i>Nancy J. Becker</i>
<i>Eileen E. Stagliano</i>	<i>NANCY J. BECKER</i>
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES <i>6 3 2015</i>	<i>610- 278-3055</i>
MO. DAY YR.	AREA CODE DAYTIME TELEPHONE NUMBER

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 ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS	SIGNATURE OF CANDIDATE
_____ DAY OF _____ 20____	_____
_____	_____
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES _____	_____
MO. DAY YR.	AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 Norristown, Montgomery Co., PA
 My Commission Expires June 3, 2015