

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 Nancy J. Becker							
STREET ADDRESS 1798 Meadow Glen Drive							
CITY LANSDALE		STATE PA	ZIP CODE 19446-4743				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	RECORDOR OF DEEDS			REP	MO.	DAY	YEAR
	6TH TUESDAY PRE-PRIMARY	1.			11	03	2015
	2ND FRIDAY PRE-PRIMARY	2.					
	30 DAY POST-PRIMARY	3.					
	6TH TUESDAY PRE-ELECTION	4.					
	2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>						
ANNUAL REPORT	7.						
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR			
		10 19 2015		TO 11 23 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 -			
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			
FOR OFFICE USE ONLY							
2015 NOV 6 11:19:55							

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*
 Signature: *Caitlan E. Stagliano*
 My Commission Expires: 6 3 2019

Signature of Candidate: *Nancy J. Becker*
 Printed Name: NANCY J. BECKER
 Area Code: 610 Daytime Telephone Number: 278-3055

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

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 _____ DAY OF _____ 20____

Signature of Candidate: _____
 Signature: _____
 My Commission Expires: _____
 Printed Name: _____
 Area Code: _____ Daytime Telephone Number: _____