

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>LAUSDALE</i>		STATE <i>PA</i>	ZIP CODE <i>19446-4743</i>							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION						
6TH TUESDAY PRE-PRIMARY	<i>RECORDER OF DEEDS</i>		<i>REP</i>	MO.	DAY	YEAR				
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>				<i>04</i>	<i>07</i>	<i>2013</i>	TO	<i>05</i>	<i>06</i>	<i>2013</i>
30 DAY POST-PRIMARY				DATE OF ELECTION		MO.	DAY	YEAR		
6TH TUESDAY PRE-ELECTION				FOR OFFICE USE ONLY		<i>05</i>	<i>21</i>	<i>2013</i>		
2ND FRIDAY PRE-ELECTION				CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>- 0 -</i>		RECEIVED MAY -7 P 3:33				
30 DAY POST-ELECTION				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>- 0 -</i>						
ANNUAL REPORT				AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> 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  
*7* DAY OF *MAY* 20*13*  
*Eileen E. Stagliano*  
 SIGNATURE  
 MY COMMISSION EXPIRES *6 9 2015*  
 MO. DAY YR.

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

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

**NOTARIAL SEAL**  
 Eileen E. Stagliano, Notary Public  
 Norristown, Montgomery Co., PA  
 My Commission Expires June 9, 2015

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE CANDIDATE 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  
 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE  
 MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

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