

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
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 <i>RECORDER OF DEEDS</i>		DISTRICT NO.	PARTY <i>REP</i>
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/> 7. ANNUAL REPORT		DATE OF ELECTION MO. DAY YEAR <i>11 05 2013</i>		FOR OFFICE USE ONLY OFFICE OF VOTER SERVICES MONTG. CO. PA 2013 NOV 27 PM 12:20 RECEIVED	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <i>10 21 2013 TO 11 25 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 <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
27 DAY OF *Nov* 20*13*
Eileen S. Stagliano SIGNATURE
 MY COMMISSION EXPIRES *6 3 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.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS CANDIDATE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

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

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