

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 2010259		Report Filed By: CANDIDATE		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF NANCY J. BECKER											
Street Address: 1798 MEADOW GLEN DRIVE											
City: LANSDALE					State: PA		Zip Code: 19446 - 4743				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6. <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE	<input checked="" type="checkbox"/>	PAPER		DISKETTE		
Name of Office Sought by Candidate: RECORDER OF DEEDS					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO.	DAY	YEAR		OTH	REP	46
					11	03	2015				
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from:					MO.	DAY	YEAR	TO	MO.	DAY	YEAR
					10	19	2015	To	11	23	2015
A. Amount Brought Forward From Last Report					\$	25,208.54					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	7,150.00					
C. Total Funds Available (Sum of Lines A and B)					\$	32,358.54					
D. Total Expenditures (From Schedule III)					\$	26,496.10					
E. Ending Cash Balance (Subtract Line D from Line C)					\$	5,862.44					
F. Value of In-Kind Contributions Received (From Schedule II)					\$	19,829.40					
G. Unpaid Debts and Obligations (From Schedule IV)					\$	-0-					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 24 day of NOV 2015

Eileen E. Stagliano
 Signature

My commission expires 6 9 2019
 MO. DAY YR.

Nancy J. Becker
 Signature of Person Submitting Report

Nancy J. Becker
 Printed Name

215-896-469
 Daytime Telephone Number

NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 My Commission Expires June 3, 2019

PART II - If this is a report of a Candidate's Authorized Committee Messenger 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 24th day of NOV 2015

Eileen E. Stagliano
 Signature

My commission expires 6 3 2019
 MO. DAY YR.

Nancy J. Becker
 Signature of Candidate

Nancy J. Becker
 Printed Name

610 278-3055
 Area Code Daytime Telephone Number

NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 My Commission Expires June 3, 2019

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF NANCY J. BECKER</i>	Reporting Period From <i>10/19/2015</i> To <i>11/23/2015</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ <i>- 0 -</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	<i>250⁰⁰</i>
All Other Contributions (Part B)	\$	<i>- 0 -</i>
	TOTAL for the Reporting Period	(2) \$ <i>250⁰⁰</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	<i>2,900⁰⁰</i>
All Other Contributions (Part D)	\$	<i>4,000⁰⁰</i>
	TOTAL for the Reporting Period	(3) \$ <i>6,900⁰⁰</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$ <i>- 0 -</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$	<i>7,150⁰⁰</i>
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>FRIENDS OF NANCY J. BECKER</i>	Reporting Period From <i>10/19/2015</i> to <i>11/23/2015</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <i>DUANE MORRIS LLP GOVERNMENT-Com.</i>				<i>11</i>	<i>03</i>	<i>2015</i>	\$ <i>250⁰⁰</i>
Mailing Address <i>30 511th St</i>				MO.	DAY	YEAR	\$
City <i>PHILA</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19103-</i>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ *250⁰⁰*

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>FRIENDS OF NANCY J. BECKER</i>	Reporting Period From <i>10/19/2015</i> To <i>11/23/2015</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>MON. COUNTY COUNCIL (Self)</i>	<i>10</i>	<i>24</i>	<i>2015</i>	\$ <i>500⁰⁰</i>
Mailing Address <i>2244 OAK TERRACE</i>	MO.	DAY	YEAR	\$
City <i>LANSDALE</i> State <i>PA</i> Zip Code (Plus 4) <i>19446-</i>	MO.	DAY	YEAR	\$
<i>TOWNSHIP REPUBLICAN COMMITTEE</i>	<i>11</i>	<i>03</i>	<i>2015</i>	\$ <i>2,000⁰⁰</i>
Mailing Address <i>1798 MEADOW GLEN DR</i>	MO.	DAY	YEAR	\$
City <i>LANSDALE</i> State <i>PA</i> Zip Code (Plus 4) <i>19446-</i>	MO.	DAY	YEAR	\$
<i>REPUBLICAN COUNCIL OF THE MAINLINE</i>	<i>11</i>	<i>04</i>	<i>2015</i>	\$ <i>400⁰⁰</i>
Mailing Address <i>500 PARKVIEW DR</i>	MO.	DAY	YEAR	\$
City <i>WYUNNEWOOD</i> State <i>PA</i> Zip Code (Plus 4) <i>19096-</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ *2,900⁰⁰*

**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate FRIENDS OF NANCY J. BECKER	Reporting Period From 10/19/2015 To 11/23/2015
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
J. EDMUND MULLIN				10	24	2015	\$ 2,000 ⁰⁰
Mailing Address 375 MORRIS RD				MO.	DAY	YEAR	\$
City LAUSDALE	State PA	Zip Code (Plus 4) 19446		MO.	DAY	YEAR	\$
Employer Name KUBIN MULLIN WAXWELL + LUPIN				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business P.O. BOX 1479 LAUSDALE, PA 19446							
HENRY W. ALLOWELL III				10	31	2015	\$ 2,000 ⁰⁰
Mailing Address 88 PLYMOUTH CIRCE				MO.	DAY	YEAR	\$
City HERSTHEY	State PA	Zip Code (Plus 4) 17033		MO.	DAY	YEAR	\$
Employer Name ALLOWELL + BRAUNSTETTER				Occupation POLITICAL CONSULTANT			
Employer Mailing Address/Principal Place of Business 3031 LOGAN ST, CAMP HILL, PA 17011							
				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 4,000⁰⁰

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF NANCY J. BECKER</i>	Reporting Period From <i>10/19/2015</i> To <i>11/23/2015</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>19,829.40</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>19,829.40</i>
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**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate FRIENDS OF NANCY J. BECKER	Reporting Period From 10/19/2015 To 11/23/2015
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
REPUBLICAN PARTY OF PA	10	24	2015	\$ 4,358.20
Mailing Address 112 STATE ST	10	31	2015	\$ 15,471.20
City HARRISBURG	10	31	2015	\$
State PA				
Zip Code (Plus 4) 17101 -				
Employer of Contributor REPUBLICAN PARTY OF PA				\$
Employer Mailing Address/Principal Place of Business 112 STATE ST, HARRISBURG, PA				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 19,829.40

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate: FRIENDS OF NANCY J. BECKER
Reporting Period: From 10/19/2015 to 11/23/2015

To Whom Paid	MO.	DAY	YEAR	Amount
NORTH WALES ELON SCHOOL	10	20	2015	\$ 18 ⁰⁰
Description of Expenditure: FUNDRAISER				
City: NORTH WALES State: PA Zip Code (Plus 4): 19458				
To Whom Paid: MCCRU	10	20	2015	\$ 30 ⁰⁰
Description of Expenditure: DINNER MEETING				
City: LAUSDAL State: PA Zip Code (Plus 4): 19446				
To Whom Paid: BOY SCOUT TROOP 303	10	20	2015	\$ 157 ⁰⁰
Description of Expenditure: FUNDRAISER				
City: LAUSDAL State: PA Zip Code (Plus 4): 19446				
To Whom Paid: MCRC	10	25	2015	\$ 18,000 ⁰⁰
Description of Expenditure: CAMPAIGN EXP.				
City: 860 PENNSYLVANIA PIKE ISLUE BELL State: PA Zip Code (Plus 4): 19402				
To Whom Paid: WNPV	10	20	2015	\$ 481. ⁶⁰
Description of Expenditure: CAMPAIGN				
City: SNYDER ROAD LAUSDAL State: PA Zip Code (Plus 4): 19446				
To Whom Paid: WFL	10	28	2015	\$ 500 ⁰⁰
Description of Expenditure: CAMPAIGN				
City: NORRISTOWN State: PA Zip Code (Plus 4): 19403				
To Whom Paid: USPS	10	29	2015	\$ 980 ⁰⁰
Description of Expenditure: POSTAGE				
City: SUMMITTOWN PIKE KULPSVILLE State: PA Zip Code (Plus 4): 19443				
To Whom Paid: CORPUS CHRISTI CHURCH SCHOOL	10	29	2015	\$ 950 ⁰⁰
Description of Expenditure: FUNDRAISER				
City: SUMMITTOWN PIKE LAUSDAL State: PA Zip Code (Plus 4): 19446				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 21,116.⁶⁰

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRINDS OF NANCY J. BECKER	Reporting Period From 10/19/2015 to 11/23/2015
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To Whom Paid	MO.	DAY	YEAR	Amount
FRINDS OF BILL WHITESIDE	11	11	2015	\$ 204.50
Mailing Address P.O. BOX 95	Description of Expenditure CAMPAIGN			
City HORSHAM	State PA	Zip Code (Plus 4) -		NOVARY MAILING
CCRW	11	18	2015	\$ 30.00
Mailing Address 2244 OAK TERRACE	Description of Expenditure			
City LANSDALE	State PA	Zip Code (Plus 4) 19446		DINNER MEETING
HALLOWELL + BRANSTETTER	11	23	2015	\$ 5100.00
Mailing Address 3031 LOGAN STREET	Description of Expenditure CAMPAIGN			
City CAMP HILL	State PA	Zip Code (Plus 4) 17011-		ROBO CALL
UPPER MERION REPUBLICAN PARTY	10	19	2015	\$ 45.00
Mailing Address 170 ALLENDALE RD	Description of Expenditure			
City KING OF PRUSSIA	State PA	Zip Code (Plus 4) -		FUNDRAISOR
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 5379.50