

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	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist FRIENDS OF NANCY J. BECKER			
Street Address 1795 Meadow Brook Drive			
City LANCASTER		State PA	Zip Code 19446 - 4743

TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	30 DAY POST PRIMARY <input type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	8TH TUESDAY PRE-ELECTION <input type="checkbox"/>	2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	30 DAY POST ELECTION <input type="checkbox"/>	TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR <input type="checkbox"/>	FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate Recorder of Deeds	DATE OF ELECTION MO. DAY YEAR 04 26 2016	District Number	Office Code 011	Party Code ACT	County Code 46
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Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	A. Amount Brought Forward from Last Report:				\$		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$			
C. Total Funds Available (Sum of Lines A and B)				\$			
D. Total Expenditures (From Schedule II)				\$			
E. Ending Cash Balance (Subtract Line D from Line C)				\$			
F. Value of In-Kind Contributions Received (From Schedule II)				\$			
G. Unpaid Debts and Obligations (From Schedule IV)				\$			

FOR OFFICE USE ONLY

2016 MAR 11 AM 11:19

OFFICE OF STATE SERVICES

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 _____ day of _____, 2016.

Signature of Person Submitting Report: *[Signature]*
Printed Name: NANCY J. BECKER
Area Code: 717 Daytime Telephone Number: 896-4671

My commission expires _____

NOTARIAL SEAL
Edward W. N. Smith, Notary Public
Hartfield Bor, Montgomery County
My commission expires May 27, 2019

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 _____ day of _____, 2016.

Signature of Candidate: *[Signature]*
Printed Name: Nancy J. Becker
Area Code: 717 Daytime Telephone Number: 368-5940

My commission expires _____

NOTARIAL SEAL
Edward W. N. Smith, Notary Public
Hartfield Bor, Montgomery County
My commission expires May 27, 2019

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF Navy J. SICKER</i>	Reporting Period From <i>12/31/2015</i> To <i>03/07/2016</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0.00</i>
All Other Contributions (Part B)	\$ <i>0.00</i>
TOTAL for the Reporting Period	(2) \$ <i>0.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>0.00</i>
All Other Contributions (Part D)	\$ <i>0.00</i>
TOTAL for the Reporting Period	(3) \$ <i>0.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0.00</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>0.00</i>
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF NANCY J. BLOCKER	Reporting Period From 12/31/2015 To 02/01/2016
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To Whom Paid	MO.	DAY	YEAR	Amount
MICHAEL + NANCY BLOCKER	01	20	2014	\$ 2196.00
Mailing Address 1795 FERRIS COURT DRIVE	Description of Expenditure REIMBURSEMENT FOR PA			
City LAURENCE	State IA	Zip Code (Plus 4) 19446		
MONTGOMERY County Council 303 Wilson	01	20	2016	\$ 30.00
Mailing Address 2244 Oak Terrace	Description of Expenditure DINNER MEETING			
City LAUSDAL	State IA	Zip Code (Plus 4) 19446		
MICRO CARD - STARS CREDIT CARD	02	11	2016	\$ 301.68
Mailing Address P.O. BOX 9001055	Description of Expenditure THANK YOU LUNCHES + GIFTS			
City LOUISVILLE	State KY	Zip Code (Plus 4) 40211-1055		
MONTGOMERY County Young Leaders Rep/Invites	02	13	2016	\$ 40.00
Mailing Address 4146 N. STANBROOK PIKE	Description of Expenditure THANK YRS			
City SPENCER	State IA	Zip Code (Plus 4) 19413		
MONTGOMERY County Council 303 Wilson	02	17	2016	\$ 30.00
Mailing Address 2244 Oak Terrace	Description of Expenditure DINNER MEETING			
City LAUSDAL	State IA	Zip Code (Plus 4) 19446		
21st Century ARC Leaders Society	02	23	2016	\$ 200.00
Mailing Address 127 S. MAIN ST	Description of Expenditure THANK FOR SUPPORT			
City NORTH WALLES	State IA	Zip Code (Plus 4) 19459		
ROSIAN PLUS	02	25	2016	\$ 31.35
Mailing Address 1758 ALLENDALE RD	Description of Expenditure COPIES FOR MURKIN			
City LAUSDAL	State IA	Zip Code (Plus 4) 19446		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

PAGE TOTAL
\$ 2829.83

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