

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 JASON E. SALUS					
STREET ADDRESS 2059 WISTERIA LANE					
CITY CAFAYETTE HILL		STATE PA	ZIP CODE 19444		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY TREASURER		DISTRICT NO. AL	PARTY DEM	
	DATE OF REPORTING PERIOD		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY	MO. DAY YEAR 5 7 13		MO. DAY YEAR 5 21 13		
2ND FRIDAY PRE-PRIMARY					
30 DAY POST-PRIMARY					
6TH TUESDAY PRE-ELECTION					
2ND FRIDAY PRE-ELECTION					
30 DAY POST-ELECTION					
ANNUAL REPORT					

CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> - </u>	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>3615.55</u>	

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

FOR OFFICE USE ONLY

RECEIVED

2013 JUN 20 A 11:49

OFFICE OF VOTER SERVICES
MONTG. CO. PA

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.

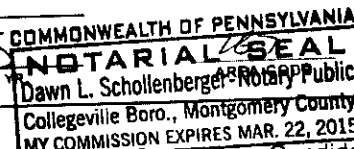
SWORN TO AND SUBSCRIBED BEFORE ME THIS

18th DAY OF June 2013

[Signature]
 SIGNATURE
 MY COMMISSION EXPIRES 3/22/2015

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
JASON E. SALUS
 PRINTED NAME

626-8040
 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 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 _____ 20____

 SIGNATURE

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER