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
CANDIDATE

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

JASON E. SALUS

STREET ADDRESS

2059 WISTERIA LANE

CITY

LA FAYETTE HILL

STATE

PA

ZIP CODE

19444

TYPE OF REPORT

6TH TUESDAY PRE-PRIMARY

DATE OF ELECTION

MO. DAY YEAR

11 3 15

NAME OF OFFICE SOUGHT BY CANDIDATE

MONTGOMERY COUNTY TREASURER

PARTY

DEM

DISTRICT NO.

CASH BALANCE AT END OF REPORTING PERIOD:

$ -0-

TOTAL AMOUNT OF FILER’S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:

$ -0-

DATES OF REPORTING PERIOD

6 9 15 TO 10 19 15

AMENDMENT REPORT?

YES

TERMINATION REPORT?

NO

FOR OFFICE USE ONLY

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 SWORE (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.

SIGNATURE OF PERSON SUBMITTING REPORT

JASON E. SALUS

PRINTED NAME

670-8090

DAYTIME TELEPHONE NUMBER

PART II -

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

I SWORE (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.

SIGNATURE OF CANDIDATE

PRINTED NAME

210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280