

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	20140409	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Jason Salus							
Street Address		PO Box 1214							
City	Norristown	State	PA	Zip Code	19404				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/20/2015	06/08/2015	
A. Amount Brought Forward From Last Report	\$	149,450.34	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,370.00	
C. Total Funds Available (Sum of Lines A and B)	\$	151,820.34	
D. Total Expenditures (From Schedule III)	\$	6,329.94	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	145,490.40	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	304.76	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	4,000.00	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

16th day of JUNE 2015

Robert H. McGuckin
Signature of Person Submitting report

Robert McGuckin
Printed Name

Dawn L. Helman
Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
Dawn L. Helman, Notary Public
Trappe Boro. Montgomery County 610
My Commission Expires March 25, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

My Commission expires 3/25/2019
MO. DAY

489-0700
Daytime Telephone Number

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

16th day of JUNE 2015

Jason E. Salus
Signature of Candidate

Jason E. Salus
Printed Name

Dawn L. Helman
Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
Dawn L. Helman, Notary Public
Trappe Boro. Montgomery County 267
My Commission Expires March 25, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

My Commission expires 3/25/2019
MO. DAY

626-8040
Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate 20140409 Friends of Jason Salus	Reporting Period From 5/20/15 To 6/8/15
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 70.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 100.00
All Other Contributions (Part B)	\$ 700.00
TOTAL for the Reporting Period	(2) \$ 800.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period	(3) \$ 1,500.00

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

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.)	\$ 2,370.00
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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 FRIENDS OF JASON SAUS	Reporting Period From 5/5/15 To 6/8/15
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
GREEN FUND				5	10	15	\$ 100.00
Mailing Address				MO.	DAY	YEAR	\$
723 E. PHIL-ELLENA STREET							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
PHILADELPHIA		PA	19119 -				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	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	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	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	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	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	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	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	\$
			-				

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

PAGE TOTAL
\$ 100.00

PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate FRIENDS OF JASON SALUS	Reporting Period From <u>5/5/15</u> To <u>6/8/15</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor MARGARET S. PHAMBOULIS	5	7	15	\$ 100.00
Mailing Address 1012 BETHLEHEM PIKE, STE 103	MO.	DAY	YEAR	\$
City SPRING HOUSE State PA Zip Code (Plus 4) 19477-	MO.	DAY	YEAR	\$
Full Name of Contributor SEAN P. KILKENNY	5	7	15	\$ 250.00
Mailing Address 715 WASHINGTON LANE	MO.	DAY	YEAR	\$
City JENKINTOWN State PA Zip Code (Plus 4) 19046-	MO.	DAY	YEAR	\$
Full Name of Contributor EMMETT MADDEN	6	2	15	\$ 250.00
Mailing Address 711 WEST AVENUE	MO.	DAY	YEAR	\$
City JENKINTOWN State PA Zip Code (Plus 4) 19046-	MO.	DAY	YEAR	\$
Full Name of Contributor ERIC BRICE	5	5	15	\$ 100.00
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 700.00

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

PART C
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 FRIENDS OF JASON SAWS	Reporting Period From 5/5/15 To 6/8/15
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
TEAMSTERS LOCAL 384	5	20	15	\$ 500.00
Mailing Address 2910 HANNAH AVENUE	MO.	DAY	YEAR	\$
City NORRISTOWN State PA Zip Code (Plus 4) 19401 -	MO.	DAY	YEAR	\$
IBC PAC	5	16	15	\$ 500.00
Mailing Address 1901 MARKET STREET	MO.	DAY	YEAR	\$
City PHILADELPHIA State PA Zip Code (Plus 4) 19103 -	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	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	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	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	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	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 1,000.00

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

**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 JASON SALUS	Reporting Period From <u>5/5/15</u> To <u>6/8/15</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor LOUIS CAPUTO				6	4	15	\$ 500.00
Mailing Address 213 SMITHFIELD ST, 303 PITT BLDG				MO.	DAY	YEAR	\$
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222 -		MO.	DAY	YEAR	\$
Employer Name SELF-EMPLOYED				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				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							
Full Name of Contributor				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							
Full Name of Contributor				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							
Full Name of Contributor				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
\$ 500.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate FRIENDS OF JASON SALUS	Reporting Period From <u>5/5/15</u> To <u>6/8/15</u>
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
JOHN P. RODGERS	5	8	15		\$ 304.76
Mailing Address 15 PUBLIC SQUARE, STE 210					\$
City WILKES BARRE					\$
State PA					
Zip Code (Plus 4) 18701 -					
Employer of Contributor CAVERLY, SHERA, PHILLIPS & RODGERS LLC.				Occupation ATTORNEY	
Employer Mailing Address/Principal Place of Business 15 PUBLIC SQUARE, STE 210, WILKES-BARRE, PA 18701				Description of Contribution LUNCH MEETING	
Full Name of Contributor					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

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

PAGE TOTAL \$ 304.76

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From <u>5/5/15</u> To <u>6/8/15</u>
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To Whom Paid BRIDGET LAFFERTY	MO. 5	DAY 13	YEAR 15	Amount \$ 109.63
Mailing Address 804 FULTON AVE				
Description of Expenditure REIMBURSEMENT				
City LANSDALE	State PA	Zip Code (Plus 4) 19446-		

To Whom Paid SPRINGFIELD TWP. DEMOCRATIC CMTE.	MO. 5	DAY 16	YEAR 15	Amount \$ 100.00
Mailing Address 7200 CARRVIEW DR				
Description of Expenditure CONTRIBUTION				
City LA FAYETTE HILL	State PA	Zip Code (Plus 4) 19444-		

To Whom Paid U.S. POSTAL SERVICE	MO. 5	DAY 27	YEAR 15	Amount \$ 62.00
Mailing Address PO BOX				
Description of Expenditure PO BOX				
City MORRISTOWN	State PA	Zip Code (Plus 4) 19401-		

To Whom Paid SHAPIRO/ARKKOSH	MO. 5	DAY 29	YEAR 15	Amount \$ 6,000.00
Mailing Address 21 E. AIRY ST				
Description of Expenditure CONTRIBUTION				
City MORRISTOWN	State PA	Zip Code (Plus 4) 19401-		

To Whom Paid BRIDGET LAFFERTY	MO. 6	DAY 1	YEAR 15	Amount \$ 52.48
Mailing Address 804 FULTON AVE				
Description of Expenditure REIMBURSEMENT				
City LANSDALE	State PA	Zip Code (Plus 4) 19446-		

To Whom Paid PAYPAL	MO. 6	DAY 8	YEAR 15	Amount \$ 5.83
Mailing Address 2211 N. FIRST ST.				
Description of Expenditure PROCESSING FEES				
City SAN JOSE	State CA	Zip Code (Plus 4) 95131-		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

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

PAGE TOTAL
\$ 6,329.94

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

Name of Creditor LISA SALUS					Outstanding Balance of Debt \$ 2,500.00	
Mailing Address 2059 WISTERIA LN.		DATE DEBT INCURRED	MO.	DAY	YEAR	
City LAFAYETTE HILL			11	21	10	
Description of Debt LOAN TO CAMPAIGN		State	Zip Code (Plus 4)			
		PA	17444			

Name of Creditor JASON SALUS					Outstanding Balance of Debt \$ 1,500.00	
Mailing Address 2059 WISTERIA LN		DATE DEBT INCURRED	MO.	DAY	YEAR	
City LAFAYETTE HILL			4	8	11	
Description of Debt LOAN TO CAMPAIGN		State	Zip Code (Plus 4)			
		PA	17444			

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City						
Description of Debt		State	Zip Code (Plus 4)			

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City						
Description of Debt		State	Zip Code (Plus 4)			

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City						
Description of Debt		State	Zip Code (Plus 4)			

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City						
Description of Debt		State	Zip Code (Plus 4)			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 4,000.00