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

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST
Jason E Salus

STREET ADDRESS
2059 Wisteria Lane

CITY
Lafayette Hill

STATE
PA

ZIP CODE
19444

DATE OF ELECTION
4 26 16

TYPE OF REPORT
(CHECK ONE)
6TH TUESDAY PRE-PRIMARY
2ND FRIDAY PRE-PRIMARY
30 DAY POST-PRIMARY
6TH TUESDAY PRE-ELECTION
2ND FRIDAY PRE-ELECTION
30 DAY POST-ELECTION
ANNUAL REPORT

NAME OF OFFICE SOUGHT BY CANDIDATE
Montgomery County Treasurer

DISTRICT NO.

PARTY
DEM

DATES OF REPORTING PERIOD
1 1 10 TO 4 11 16

CASH BALANCE AT END OF REPORTING PERIOD:
$ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:
$ 0

AMENDMENT REPORT?
YES NO

TERMINATION REPORT?
YES NO

FOR OFFICE USE ONLY

2016 APR 15 PM 5:29

RECEIVED

OFFICE OF
VOTER SERVICES
SECRETARY OF STATE

PART I -
If statement is filed on behalf of a Political Committee or Candidate'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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF April 2016

SIGNATURE OF PERSON SUBMITTING REPORT

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS __________ DAY OF ______________________ 20__

SIGNATURE OF CANDIDATE

SIGNATURE

My Commission Expires __________ MO. __________ DAY __________ YR.

AREA CODE __________ DAYTIME TELEPHONE NUMBER __________

SIGNATURE

My Commission Expires __________ MO. __________ DAY __________ YR.

AREA CODE __________ DAYTIME TELEPHONE NUMBER __________

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

DSEB-503 (12-99)