

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 Lafayette Hill | | | STATE PA | | ZIP CODE 19444 | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | | DISTRICT NO. | PARTY | | DATE OF ELECTION | | | | | | | | | | | | | | | | | | | | | |
| 6TH TUESDAY PRE-PRIMARY | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>11</td><td>29</td><td>14</td> <td></td> <td>12</td><td>31</td><td>14</td> </tr> </table> <p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>4</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>4</u></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table> | | | MO. | DAY | YEAR | TO | MO. | DAY | YEAR | 11 | 29 | 14 | | 12 | 31 | 14 | AMENDMENT REPORT? | YES | NO | <input checked="" type="checkbox"/> | TERMINATION REPORT? | YES | NO | <input checked="" type="checkbox"/> | | DEM | MO. DAY YEAR 11 8 2014 |
| MO. | DAY | | | | YEAR | TO | MO. | DAY | YEAR | | | | | | | | | | | | | | | | | | | | |
| 11 | 29 | | | | 14 | | 12 | 31 | 14 | | | | | | | | | | | | | | | | | | | | |
| AMENDMENT REPORT? | YES | | | | NO | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| TERMINATION REPORT? | YES | | | | NO | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 2ND FRIDAY PRE-PRIMARY | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">FOR OFFICE USE ONLY</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">2017 FEB -3 PM 4:08</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">VOTER SERVICES</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">2017 FEB -3 PM 4:08</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">VOTER SERVICES</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">2017 FEB -3 PM 4:08</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">VOTER SERVICES</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">2017 FEB -3 PM 4:08</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">VOTER SERVICES</td> </tr> </table> | | | | | | | FOR OFFICE USE ONLY | | | RECEIVED | 2017 FEB -3 PM 4:08 | VOTER SERVICES | RECEIVED | 2017 FEB -3 PM 4:08 | VOTER SERVICES | RECEIVED | 2017 FEB -3 PM 4:08 | VOTER SERVICES | RECEIVED | 2017 FEB -3 PM 4:08 | VOTER SERVICES | | | |
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| 30 DAY POST-PRIMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6TH TUESDAY PRE-ELECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2ND FRIDAY PRE-ELECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 DAY POST-ELECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANNUAL REPORT | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 3 DAY OF January **COMMONWEALTH OF PENNSYLVANIA**

[Signature] SIGNATURE OF PERSON SUBMITTING REPORT
Jason E Salus PRINTED NAME

THOMAS JOSEPH KOHLER, Notary Public
 Upper Merion Twp., Montgomery County
 My Commission Expires August 5, 2017

MY COMMISSION EXPIRES 8/5 MO. 2017 DAY YR. AREA CODE 610 DAYTIME TELEPHONE NUMBER 840

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.

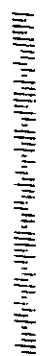
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

 SIGNATURE

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____



Ms. Naura Burt
317 Masonford Rd.
Gulph Mills, PA 19428



1000



19404

U.S. POSTAGE
PAID
SOUTHEASTERN, PA
19387
JAN 30 1987
AMOUNT
\$1.40
R2308K133147-20



Montgomery County Water Services
PO Box 311
Norristown, PA 19404-0311