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
19441

DATE OF ELECTION
11 7 2017

FOR OFFICE USE ONLY

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

AFFIDAVIT SECTION

I, the undersigned, hereby declare that the information supplied in this report is true, complete, correct and accurate. I further declare that I am the treasurer, candidate or lobbyist and that the aggregate receipts or disbursements or liabilities incurred during the reporting period indicated in this report is, to the best of my knowledge and belief, true, correct and complete.

WORN TO AND SUBSCRIBED BEFORE ME THIS

01 DEC. 2019

Jason E Salus

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.

WORN TO AND SUBSCRIBED BEFORE ME THIS

_________________ DAY OF ____________________ 20__

_________________ SIGNATURE

MY COMMISSION EXPIRES ____________________ MO. __ DAY. __ YR. __

_________________ SIGNATURE

_________________ PRINTED NAME

_________________ 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)