

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 20140409	REPORT FILED ON BEHALF OF CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE ²	<input type="checkbox"/>	LOBBYIST ³								
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									
	Montgomery County Treasurer			DEM									
		DATE OF ELECTION											
		MO. DAY YEAR		MO. DAY YEAR									
		5 21 2019											
6TH TUESDAY PRE-PRIMARY	1.												
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>												
30 DAY POST-PRIMARY	3.												
6TH TUESDAY PRE-ELECTION	4.												
2ND FRIDAY PRE-ELECTION	5.												
30 DAY POST-ELECTION	6.												
ANNUAL REPORT	7.												
		DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY									
		MO. DAY YEAR TO MO. DAY YEAR		2019 MAY 13 AM 9:30 VERIFIED									
		1 1 19 TO 5 4 19											
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>											
		<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>				AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>										
TERMINATION REPORT?	YES	NO	<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
9th DAY OF MAY 2019

SIGNATURE OF PERSON SUBMITTING REPORT

JASON E. SALUS

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 THOMAS JOSEPH KOHLER, Notary Public
 1088 Merion Twp., Montgomery County
 My Commission Expires September 7, 2021

MY COMMISSION EXPIRES _____

PRINTED NAME
626-8040
 DAYTIME TELEPHONE NUMBER

AREA CODE
267

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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

MO. DAY YR.