

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <b>JASON E. SALUS</b>											
Street Address: <b>210 MAPLE STREET</b>											
City: <b>CONSHOHOCKEN</b>				State: <b>PA</b>		Zip Code: <b>19128 -1850</b>					
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.	2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	2.	30 DAY POST PRIMARY <input type="checkbox"/>	3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	8TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4.	2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>	5.	30 DAY POST ELECTION <input type="checkbox"/>	6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	ANNUAL REPORT <input type="checkbox"/>	7.	YEAR <b>2011</b>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input type="checkbox"/>	DISKETTE <input checked="" type="checkbox"/>			
Name of Office Sought by Candidate: <b>MONTGOMERY COUNTY TREASURER</b>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	<b>AL</b>		<b>DEM</b>	
					<b>11</b>	<b>8</b>	<b>2011</b>	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<b>6</b>	<b>7</b>	<b>2011</b>		<b>10</b>	<b>24</b>	<b>2011</b>	RECEIVED OCT 28 P 2:03	
A. Amount Brought Forward From Last Report				\$ <b>-0-</b>							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ <b>-0-</b>							
C. Total Funds Available (Sum of Lines A and B)				\$ <b>-0-</b>							
D. Total Expenditures (From Schedule III)				\$ <b>691.07</b>							
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <b>-0-</b>							
F. Value of In-Kind Contributions Received (From Schedule II)				\$							
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <b>3,591.07</b>							

**AFFIDAVIT SECTION**

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 or computer diskette, are to the best of my knowledge and belief true, and complete.

Sworn to and subscribed before me this

28<sup>th</sup> day of October 2011

Signature: Junda M. Rull

Commission expires 9 22 2014  
 MO. DAY YR.

Signature of Person Submitting Report: JASON E. SALUS

Printed Name: JASON E. SALUS

Area Code: 267 Daytime Telephone Number: 626-8040

**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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My commission expires \_\_\_\_\_ MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From 6/7/11 To 10/24/11
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To Whom Paid FRIENDS OF MATT BRADFORD	MO.	DAY	YEAR	Amount \$ 500.00
Mailing Address P.O. BOX 349		Description of Expenditure		
City NORRISTOWN	State PA	Zip Code (Plus 4) 19404-0399		CONTRIBUTION

To Whom Paid FRIENDS OF CINDY BASS	MO.	DAY	YEAR	Amount \$ 100.00
Mailing Address		Description of Expenditure		
City PHILADELPHIA	State PA	Zip Code (Plus 4) -		CONTRIBUTION

To Whom Paid HOTCARDS.COM	MO.	DAY	YEAR	Amount \$ 91.07
Mailing Address 182 HARMONVILLE RD.		Description of Expenditure PRINTING		
City MULLICA HILL	State NJ	Zip Code (Plus 4) 08062		

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)		

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)		

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  
\$ 691.07