

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: <u>JASON E. SALUS</u>											
Street Address: <u>210 MAPLE STREET</u>											
City: <u>CONSHOHOCKEN, PA</u>				State: <u>PA</u>		Zip Code: <u>19428 - 1850</u>					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>		2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>		30 DAY POST PRIMARY <input type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	8TH TUESDAY PRE-ELECTION <input type="checkbox"/>		2ND FRIDAY PRE-ELECTION <input type="checkbox"/>		30 DAY POST ELECTION <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT <input type="checkbox"/>		YEAR <u>2011</u>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: <u>MONTGOMERY COUNTY TREASURER</u>					DATE OF ELECTION MO. DAY YEAR <u>11 8 2011</u>			District Number <u>AL</u>	Office Code	Party Code <u>DEM</u>	County Code
FOR OFFICE USE ONLY											
Summary of Receipts and Expenditures from:			MO. DAY YEAR <u>10 25 2011</u>			To			MO. DAY YEAR <u>11 28 2011</u>		
A. Amount Brought Forward From Last Report				\$ <u>- 0 -</u>							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ <u>- 0 -</u>							
C. Total Funds Available (Sum of Lines A and B)				\$ <u>- 0 -</u>							
D. Total Expenditures (From Schedule III)				\$ <u>- 0 -</u>							
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <u>- 0 -</u>							
F. Value of In-Kind Contributions Received (From Schedule II)				\$ <u>- 0 -</u>							
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <u>1591.07</u>							

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**AFFIDAVIT SECTION**

**PART I - 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, correct and complete.

Sworn to and subscribed before me this 7th day of December 2011

COMMONWEALTH OF PENNSYLVANIA  
**NOTARIAL SEAL**  
 Dawn L. Schollenberger - Notary Public  
 Collegeville Boro., Montgomery County  
 MY COMMISSION EXPIRES MAR. 22, 2015

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

Signature of Person Submitting Report: Jason E. Salus  
 Printed Name: JASON E. SALUS  
 Area Code: 267 Daytime Telephone Number: 626-8090

**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 IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <b>JASON E. SALUS</b>	Reporting Period From <u>10/25/11</u> To <u>11/28/11</u>
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Name of Creditor <b>JASON E. SALUS</b>				Outstanding Balance of Debt <b>\$ 1,591.07</b>	
Mailing Address <b>210 MAPLE STREET</b>	DATE DEBT INCURRED	MO. <b>11</b>	DAY <b>28</b>	YEAR <b>2011</b>	
City <b>CONSHOHOCKEN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19428-1850</b>			

Description of Debt  
**LOAN TO CAMPAIGN, PRINTING, CAMPAIGN COMMUNICATIONS**

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <b>-</b>			

Description of Debt

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <b>-</b>			

Description of Debt

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <b>-</b>			

Description of Debt

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <b>-</b>			

Description of Debt

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <b>-</b>			

Description of Debt

PAGE TOTAL  
**\$ 1,591.07**

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.