

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: 20140409		Report Filed By: CANDIDATE	1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: Friends of Jason Salus										
Street Address: P O Box 1214										
City: Norristown				State: PA	Zip Code: 19404					
TYPE OF REPORT <small>(place X to the right of report type)</small>	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR 2015		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate: Montgomery County Treasurer					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
					MO.	DAY	YEAR			
					11	3	2015			
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	11	24	2015		12	31	2015
A. Amount Brought Forward From Last Report	\$ 27,362.23						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 4,325.00						
C. Total Funds Available (Sum of Lines A and B)	\$ 31,687.23						
D. Total Expenditures (From Schedule III)	\$ 2,942.34						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 28,744.89						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 4,000.-						

FOR OFFICE USE ONLY

RECEIVED
2015 FEB - AM 8:50
OFFICE OF
VOTER SERVICES
MONTG. CO. PA

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 28th day of January 2016

[Signature]

My commission expires _____

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
MO. SoKunthea Thong, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires Oct. 27, 2017

[Signature: Maureen Buri]
Signature of Person Submitting Report
Maureen Buri
Printed Name
610 **476-9787**
Area Code Daytime Telephone Number

PART II - If this is a report of a Political 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 28th day of January 2016

[Signature]

My commission expires _____

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
MO. SoKunthea Thong, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires Oct. 27, 2017

[Signature: Jason Evan Salus]
Signature of Candidate
JASON EVAN SALUS
Printed Name
267 **626-8040**
Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Jason Salos	Reporting Period From 11/24/15 To 12/31/15
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 25.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 1950.00
TOTAL for the Reporting Period (2)	\$ 1950.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,250.00
All Other Contributions (Part D)	\$ 1,100.00
TOTAL for the Reporting Period (3)	\$ 2,350.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 4,325.00
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Friends of Jason Salos</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ <i>6</i>

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>Friends of Jason Salus</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>See attached</i>				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL \$ <i>1950</i>

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Friends of Jason Salus</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
--	---

				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
<i>see attached</i>							
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

PAGE TOTAL
\$ 1250.⁰⁰

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting Period			
Friends of Jason Salas				From 11/01/15 To 12/31/15			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Seth Q Deleo				10	09	15	
Mailing Address				MO.	DAY	YEAR	\$
459 BOX ELDER LN							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
LAFAYETTE HILL		PA	19444-				
Employer Name				Occupation			
MORTGAGE INVESTMENTS LLC				REAL ESTATE			
Employer Mailing Address/Principal Place of Business							
P.O. BOX 603, LAFAYETTE HILL, PA 19444							
Full Name of Contributor				MO.	DAY	YEAR	\$
Thomas Watkins				10	7	15	
Mailing Address				MO.	DAY	YEAR	\$
749 EASTON RD							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
WARRINGTON		PA	18976-				
Employer Name				Occupation			
CARROLL ENGINEERING				ENGINEER			
Employer Mailing Address/Principal Place of Business							
749 EASTON RD, WARRINGTON, PA 18976							
Full Name of Contributor				MO.	DAY	YEAR	\$
Allen Mason				10	14	15	
Mailing Address				MO.	DAY	YEAR	\$
127 Chatham Place							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Lansdale		PA	19446-				
Employer Name				Occupation			
Carroll Engineering				Senior Vice President			
Employer Mailing Address/Principal Place of Business							
949 Easton Rd Warrington PA 18976							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 1,100.-

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Jason Salas</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>0</i>
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Jason Salas</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
--	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <i>0</i>

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate Friends of Jason Salus	Reporting Period From <u>11/24/15</u> To <u>12/31/15</u>
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To Whom Paid See Attached	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid BRIDGET LAFFERTY	MO.	DAY	YEAR	Amount \$ 73.97
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid BRIDGET LAFFERTY	MO.	DAY	YEAR	Amount \$ 93.91
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid FRIENDS OF MADELINE DEAN	MO.	DAY	YEAR	Amount \$ 250.00
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid BRIDGET LAFFERTY	MO.	DAY	YEAR	Amount \$ 73.07
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid JASON SALUS	MO.	DAY	YEAR	Amount \$ 2,471.39
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure REIMBURSEMENT - SWEARING IN GIFTS, MEALS, OFC HOLIDAY PARTY				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 2,962.34
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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 <i>Friends of Jason Salus</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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Name of Creditor <i>Lise Salus</i>	DATE DEBT INCURRED			MO.	DAY	YEAR	Outstanding Balance of Debt \$ <i>8506.-</i>
Mailing Address <i>2059 Wisteria Lane</i>				<i>11</i>	<i>21</i>	<i>10</i>	
City <i>La Fayette Hill</i>				State <i>PA</i>	Zip Code (Plus 4) <i>19444 -</i>		
Description of Debt <i>Loan to Campaign</i>							

Name of Creditor <i>Jason Salus</i>	DATE DEBT INCURRED			MO.	DAY	YEAR	Outstanding Balance of Debt \$ <i>1500.-</i>
Mailing Address <i>2059 Wisteria Lane</i>				<i>4</i>	<i>8</i>	<i>2011</i>	
City <i>La Fayette Hill</i>				State <i>PA</i>	Zip Code (Plus 4) <i>19444 -</i>		
Description of Debt <i>Loan to Campaign</i>							

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

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

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

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

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <i>4,000</i>
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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 ^{1.}		COMMITTEE ^{2.}		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist:											
Street Address:											
City:					State:		Zip Code:				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7.	YEAR	<input type="checkbox"/>	FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR				
								(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report						\$				RECEIVED FEB - 1 PM 3:04 OFFICE OF VOTER SERVICES MONTG. CO. PA	
B. Total Monetary Contributions and Receipts (From Schedule I)						\$					
C. Total Funds Available (Sum of Lines A and B)						\$					
D. Total Expenditures (From Schedule III)						\$					
E. Ending Cash Balance (Subtract Line D from Line C)						\$					
F. Value of In-Kind Contributions Received (From Schedule II)						\$					
G. Unpaid Debts and Obligations (From Schedule IV)						\$					

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

_____ day of _____ 20____

Signature

My commission expires

MO. DAY YR.

Signature of Person Submitting Report

Printed Name

Area Code

Daytime Telephone Number

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

JASON EVAN SALUS

Printed Name

267

Area Code

626-8040

Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280