

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 ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JASON SALUS										
Street Address: 210 MAPLE STREET										
City: CONSHOHOCKEN				State: PA		Zip Code: 19428 -1850				
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.} <input checked="" type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	8TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	ANNUAL REPORT ^{7.}		YEAR		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE			
Name of Office Sought by Candidate: MONTGOMERY COUNTY TREASURER					DATE OF ELECTION MO. DAY YEAR 5 17 2011		District Number AL	Office Code OTH	Party Code DEM	County Code 46
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR 5 3 2011			To MO. DAY YEAR 6 6 2011			FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report				\$ 58,297.15		RECEIVED 2011 JUN 17 A 10:54 NOTARY PUBLIC MONTGOMERY CO PA				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 2,510.00						
C. Total Funds Available (Sum of Lines A and B)				\$ 60,807.15						
D. Total Expenditures (From Schedule III)				\$ 1,217.29						
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 59,589.86						
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 2,158.06						
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 3,500.00						

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 15th day of JUNE 2011

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

My commission expires _____

[Signature]
 Signature of Person Submitting Report
Robert H. Mc Buckin
 Printed Name
215 **859-1190**
 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 15th day of JUNE 2011

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

My commission expires _____

[Signature]
 Signature of Candidate
JASON E. SALUS
 Printed Name
267 **626-8040**
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF JASON SALUS</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>60.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <i>- 0 -</i>
All Other Contributions (Part B)		\$ <i>450.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>450.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>- 0 -</i>
All Other Contributions (Part D)		\$ <i>2,000.00</i>
TOTAL for the Reporting Period	(3)	\$ <i>2,000.00</i>

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

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.)	\$ <i>2,510.00</i>
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**PART D
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 FRIENDS OF JASON SALUS	Reporting Period From 5/3/11 To 6/6/11
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				DATE			AMOUNT
Full Name of Contributor MICHAEL P. CLARKE				MO.	DAY	YEAR	\$ 2,000.00
Mailing Address 506 LANTERN LANE				MO.	DAY	YEAR	\$
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128 -		MO.	DAY	YEAR	\$
Employer Name RUDOLPH CLARKE & KIRK LLC				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 8 NESHAMINY INTERPLEX, SUITE 215, TREVOSE, PA 19053							
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							
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
\$ 2,000.00

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 FRIENDS OF JASON SALUS	Reporting Period From 5/3/11 To 6/6/11
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
MARK H. SCHNEIDER				5	3	11	\$ 200.00
Mailing Address				MO.	DAY	YEAR	\$
6 HAYDEN WAY							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
NEWARK	DE	19711 -					
Full Name of Contributor				MO.	DAY	YEAR	\$
DAVID A. VOLPE				5	20	11	\$ 250.00
Mailing Address				MO.	DAY	YEAR	\$
2316 HOLLY LANE							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
LAFAYETTE HILL	PA	19444 - 2200					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$

PAGE TOTAL

\$ 450.00

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

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 <u>FRIENDS OF JASON SALUS</u>	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>-0-</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <u>-0-</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ <u>2,158.06</u>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>2,158.06</u>
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PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate FRIENDS OF JASON SALUS	Reporting Period From 5/3/11 To 6/6/11
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
MONTGOMERY CO. DEMOCRATIC CMTE	5	4	11	\$ 2,158.06	
Mailing Address P.O. BOX 857	MO.	DAY	YEAR	\$	
City NORRISTOWN	MO.	DAY	YEAR	\$	
State PA	Zip Code (Plus 4) 19404 -				
Employer of Contributor N/A	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution VOTER FILE ACCESS				
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
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	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
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	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
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	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
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
\$2,158.06

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate FRIENDS OF JASON SALUS	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
NORTH WALES DEMOCRATIC CMTE	5	9	2011	\$ 1,000.00
Mailing Address 236 S. MAIN STREET				
Description of Expenditure				
City NORTH WALES	State PA	Zip Code (Plus 4) 19454 -		
CONTRIBUTION				
DEMOCRATIC CMTE LOWER MEMONAND NARBOROTH	5	15	2011	\$ 106.25
Mailing Address P.O. BOX 522				
Description of Expenditure				
City HAVERFORD	State PA	Zip Code (Plus 4) 19041 -		
CONTRIBUTION				
CHELTENHAM DEMOCRATIC COMMITTEE	5	15	2011	\$ 107.50
Mailing Address 209 FERNBROOK AVENUE				
Description of Expenditure				
City WYNCOTE	State PA	Zip Code (Plus 4) 19095 -		
CONTRIBUTION				
PAY PAL	6	6	11	\$ 3.54 3.54
Mailing Address 2211 N. FIRST STREET				
Description of Expenditure				
City SAN JOSE	State CA	Zip Code (Plus 4) 95131 -		
PROCESSING FEES				
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
\$1,217.29

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 FRIENDS OF JASON SALUS	Reporting Period From 5/3/11 To 6/6/11
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Name of Creditor LISA SALUS				Outstanding Balance of Debt \$ 2,500.00	
Mailing Address 210 MAPLE STREET	DATE DEBT INCURRED	MO. 11	DAY 21	YEAR 10	
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428-1850			

Description of Debt
LOAN TO CAMPAIGN

Name of Creditor JASON G. SALUS				Outstanding Balance of Debt \$ 1,000.00	
Mailing Address 210 MAPLE STREET	DATE DEBT INCURRED	MO. 5	DAY 28	YEAR 11	
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428-1850			

Description of Debt
LOAN TO CAMPAIGN

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

Description of Debt

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

Description of Debt

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

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
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 \$ 3,500.00
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