

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		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JASON E. SALUS										
STREET ADDRESS 2059 WISTERIA LANE										
CITY LA FAYETTE HILL			STATE PA	ZIP CODE 19444						
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY TREASURER		DISTRICT NO.	PARTY DEM	DATE OF ELECTION					
					MO.	DAY	YEAR			
					6	9	15	to	10 19 15	
			DATES OF REPORTING PERIOD MO. DAY YEAR to MO. DAY YEAR 6 9 15 to 10 19 15		FOR OFFICE USE ONLY					
			CASH BALANCE AT END OF REPORTING PERIOD: \$ -0-							
			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ -0-							
			AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
		TERMINATION REPORT? YES <input type="checkbox"/> 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
22nd DAY OF **October** 20**15**

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
JASON E. SALUS
 PRINTED NAME

MY COMMISSION EXPIRES _____

267 AREA CODE **626-8040** DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
[Signature]
Kunthea Hong, Notary Public
 Upper Merion Twp., Montgomery County
 My Commission Expires Oct. 27, 2017
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 _____

MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER

