

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	COMMITTEE	LOBBYIST														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Jason F Salus																			
STREET ADDRESS 2099 Wisteria Lane																			
CITY Lafayette Hill			STATE PA	ZIP CODE 19444															
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE Montgomery County Treasurer		DISTRICT NO.	PARTY DEM	DATE OF ELECTION														
					MO.	DAY	YEAR												
					11	3	2015												
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY														
	<table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>20</td><td>15</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>23</td><td>15</td></tr> </table>		MO.	DAY	YEAR	10	20	15	MO.	DAY	YEAR	11	23	15					
	MO.	DAY	YEAR																
	10	20	15																
MO.	DAY	YEAR																	
11	23	15																	
CASH BALANCE AT END OF REPORTING PERIOD:																			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:																			
		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 SWORN TO AND SUBSCRIBED BEFORE ME THIS (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.

DAY OF 12 2015

SIGNATURE Darlene Pniewski

COMMISSION EXPIRES 01/27/19
MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
Jason F. Salus

PRINTED NAME
JASON F. SALUS

AREA CODE 267 DAYTIME TELEPHONE NUMBER 626-8040

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 _____

MY COMMISSION EXPIRES _____
MO. DAY YR.

SIGNATURE OF CANDIDATE _____

PRINTED NAME _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____