

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 <input type="checkbox"/>		
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	<input type="checkbox"/>
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
OFFICE OF
VOTER SERVICES
MONTG. CO. PA
2015 FEB - 1 AM 8:55
[Signature]

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]
Signature of Person Submitting Report
Maura 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]
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 <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 CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>25.00</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>1,950.00</i>
TOTAL for the Reporting Period (2)	\$ <i>1,950.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>1,250.00</i>
All Other Contributions (Part D)	\$ <i>1,100.00</i>
TOTAL for the Reporting Period (3)	\$ <i>2,350.00</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 <i>(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>	\$ <i>4,325.00</i>
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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 Salas</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	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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
\$ *1950 -*

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>11/4/15</i> to <i>12/31/15</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <i>see attached</i>							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

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

PAGE TOTAL <i>\$ 1250.⁰⁰</i>
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Contributions from Political Committees Over \$250

NAME	ADDRESS	CITY	STATE	ZIP	DATE	AMOUNT
Iron Workers Local No.401	11600 Norcom Road	Philadelphia	PA	19154	12/19/2015	\$500.00
Duane Morris LLP Government	30 South 17th Street	Philadelphia	PA	19103	12/19/2015	\$250.00
Commonwealth Heritage PAC	925 Harvest Drive Suite300	Blue Bell	PA	19422	12/19/2015	\$500.00

\$1,250.00

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 Salas	Reporting Period From 11/01/15 To 12/31/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Seth Q Deleo	10	09	15	\$ 500.-
Mailing Address 459 BOX ELDER LN	MO.	DAY	YEAR	\$
City LAFAYETTE HILL	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19444-			\$
Employer Name MORTGAGE INVESTMENTS LLC	Occupation REAL ESTATE			
Employer Mailing Address/Principal Place of Business P.O. BOX 603, LAFAYETTE HILL, PA 19444				

Thomas Watkins	10	7	15	\$ 300.-
Mailing Address 749 EASTON RD	MO.	DAY	YEAR	\$
City WARRINGTON	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18976-			\$
Employer Name CARROLL ENGINEERING	Occupation ENGINEER			
Employer Mailing Address/Principal Place of Business 749 EASTON RD, WARRINGTON, PA 18976				

Allen Mason	10	14	15	\$ 300.-
Mailing Address 127 Chatham Place	MO.	DAY	YEAR	\$
City Lansdale	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19444-			\$
Employer Name Carroll Engineering	Occupation Senior Vice President			
Employer Mailing Address/Principal Place of Business 949 Easton Rd Warrington PA 18976				

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

	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
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 Salts</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 (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$	<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 Salus</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>
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SCHEDULE III

STATEMENT OF EXPENDITURES

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

To Whom Paid <i>BRIDGET LAFFERTY</i>	MO.	DAY	YEAR	Amount
	<i>12</i>	<i>5</i>	<i>15</i>	\$ <i>73.97</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid <i>BRIDGET LAFFERTY</i>	MO.	DAY	YEAR	Amount
	<i>12</i>	<i>22</i>	<i>15</i>	\$ <i>93.91</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid <i>FRIENDS OF MADELINE DEAN</i>	MO.	DAY	YEAR	Amount
	<i>12</i>	<i>27</i>	<i>15</i>	\$ <i>250.00</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid <i>BRIDGET LAFFERTY</i>	MO.	DAY	YEAR	Amount
	<i>12</i>	<i>28</i>	<i>15</i>	\$ <i>73.07</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid <i>JASON SALUS</i>	MO.	DAY	YEAR	Amount
	<i>12</i>	<i>31</i>	<i>15</i>	\$ <i>2,471.39</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
<i>REIMBURSEMENT - SWEARING IN GIFTS, MEALS, OFC HOLIDAY PARTY</i>				

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 \$ <i>2,962.34</i>

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>
--	---

Name of Creditor <i>Lise Salus</i>				Outstanding Balance of Debt \$ 8506.-		
Mailing Address <i>2059 Wisteria Lane</i>		DATE DEBT INCURRED	MO. <i>11</i>	DAY <i>21</i>	YEAR <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>				Outstanding Balance of Debt \$ 1500.-		
Mailing Address <i>2059 Wisteria Lane</i>		DATE DEBT INCURRED	MO. <i>4</i>	DAY <i>8</i>	YEAR <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				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 \$ 4,000
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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="text"/>		Report Filed By: <input type="text"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.}		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: <input type="text"/>											
Street Address: <input type="text"/>											
City: <input type="text"/>					State: <input type="text"/>		Zip Code: <input type="text"/>				
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7.	YEAR			FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER	DISKETTE		
Name of Office Sought by Candidate: <input type="text"/>					DATE OF ELECTION MO. DAY YEAR			District Number	Office Code	Party Code	County Code
								(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR			To MO. DAY YEAR			FOR OFFICE USE ONLY RECEIVED 16 FEB - 1 PM 3:04 OFFICE OF VOTER SERVICES MONTG. CO. PA		
			A. Amount Brought Forward From Last Report			\$					
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 JASON EVAN SALUS

Area Code 267 Daytime Telephone Number 626-8040

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