

COMMONWEALTH OF PENNSYLVANIA
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		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Jason E Salus							
STREET ADDRESS 2059 Wisteria Lane							
CITY Lafayette Hill			STATE PA	ZIP CODE 19144			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	Montgomery County Treasurer			DEM	MO.	DAY	YEAR
	6TH TUESDAY PRE-PRIMARY	1.			4	26	16
	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
	30 DAY POST-PRIMARY	3.	MO.	DAY	YEAR		
	6TH TUESDAY PRE-ELECTION	4.	1	1	16	TO	
	2ND FRIDAY PRE-ELECTION	5.	4	11	16		
30 DAY POST-ELECTION	6.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0					
ANNUAL REPORT	7.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0					
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			

RECEIVED
 2016 APR 15 PM 5:29
 OFFICE OF
 VOTER SERVICES
 HARRISBURG, PA

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
 13th DAY OF April 20 16

[Signature]
 MY COMMISSION EXPIRES

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

JASON E. SALUS
 PRINTED NAME

267 626-8040
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 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

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER