

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	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Jason E Salus					
STREET ADDRESS 2059 Wisteria Lane					
CITY Lafayette Hill		STATE PA	ZIP CODE 19444		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	DATE OF ELECTION				
	6TH TUESDAY PRE-PRIMARY				MO. DAY YEAR 5 16 2017
	2ND FRIDAY PRE-PRIMARY				
	30 DAY POST-PRIMARY				
	6TH TUESDAY PRE-ELECTION				
	2ND FRIDAY PRE-ELECTION				
30 DAY POST-ELECTION					
ANNUAL REPORT					

DATES OF REPORTING PERIOD		TO			
MO.	DAY	YEAR	MO.	DAY	YEAR
5	2	17	6	5	17

CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>	

AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES	NO

FOR OFFICE USE ONLY
 RECEIVED
 2017 JUN 16 PM 2:45
 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.

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 DARLENE PNIEWSKI, Notary Public
 West Merion Twp., Montgomery County
 My Commission Expires January 27, 2019

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 14 DAY OF June 2017

Natalie Krawski
SIGNATURE

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

Jason E Salus
SIGNATURE OF PERSON SUBMITTING REPORT

Jason E Salus
PRINTED NAME

2157 620 8040
AREA CODE DAYTIME TELEPHONE NUMBER

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