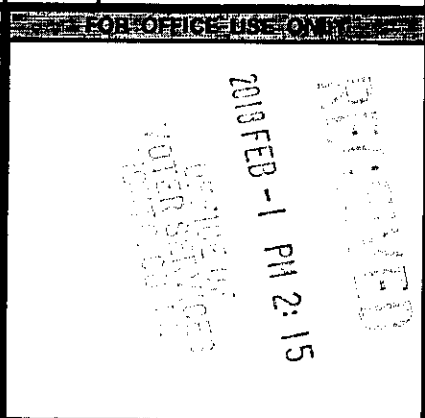


Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <b>2014049</b>		Report Filed By: <b>CANDIDATE</b>		1. <b>CANDIDATE</b>		2. <input checked="" type="checkbox"/> <b>COMMITTEE</b>		3. <input type="checkbox"/> <b>LOBBYIST</b>				
Name of Filing Committee, Candidate or Lobbyist: <b>Friends of Jason Salus</b>												
Street Address: <b>PO Box 1214</b>												
City: <b>Morgantown</b>					State: <b>PA</b>		Zip Code: <b>19404</b>					
TYPE OF REPORT  (place X to the right of report type)	1. <input type="checkbox"/> 1ST FRIDAY PRE-PRIMARY	2. <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY	3. <input type="checkbox"/> 30 DAY POST-PRIMARY	4. <input type="checkbox"/> AMENDMENT REPORT	5. <input type="checkbox"/> YES	6. <input type="checkbox"/> NO	7. <input checked="" type="checkbox"/> ANNUAL REPORT	8. <input type="checkbox"/> YEAR	9. <input type="checkbox"/> 2017	10. <input checked="" type="checkbox"/> FILING METHOD CHECK ONE	11. <input checked="" type="checkbox"/> PAPER	12. <input type="checkbox"/> DISCREET
	4. <input type="checkbox"/> 1ST FRIDAY PRE-ELECTION	5. <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION	6. <input type="checkbox"/> 30 DAY POST-ELECTION	7. <input type="checkbox"/> TERMINATION REPORT	8. <input type="checkbox"/> YES	9. <input type="checkbox"/> NO	10. <input type="checkbox"/> YEAR	11. <input type="checkbox"/> 2017	12. <input type="checkbox"/> FILING METHOD CHECK ONE	13. <input type="checkbox"/> PAPER	14. <input type="checkbox"/> DISCREET	
	7. <input checked="" type="checkbox"/> ANNUAL REPORT	8. <input type="checkbox"/> YEAR	9. <input type="checkbox"/> 2017	10. <input type="checkbox"/> FILING METHOD CHECK ONE	11. <input checked="" type="checkbox"/> PAPER	12. <input type="checkbox"/> DISCREET						
Name of Office Sought by Candidate: <b>Montgomery County Treasurer</b>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
					<b>MO. DAY YEAR</b> <b>11 7 2017</b>				<b>DEM</b>	<b>44</b>		
										(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:			<b>MO. DAY YEAR</b> <b>11 28 2017</b>	To	<b>MO. DAY YEAR</b> <b>12 31 2017</b>	FOR OFFICE USE ONLY						
A. Amount Brought Forward From Last Report			\$ <b>67,863.00</b>									
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <b>200.00</b>									
C. Total Funds Available (Sum of Lines A and B)			\$ <b>68,063.00</b>									
D. Total Expenditures (From Schedule III)			\$ <b>1,305.48</b>									
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <b>66,757.52</b>									
F. Value of In-Kind Contributions Received (From Schedule II)			\$									
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <b>3,146.79</b>									

**AFFIDAVIT SECTION**

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 30 day of January 20 18

Daun Lewis  
Signature

My commission expires 9/20/21  
MO. DAY YR.

Maura Buri  
Signature of Person Submitting Report

Maura Buri  
Printed Name

610 476-9787  
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Daun Lewis, Notary Public  
 Conshohocken Boro, Montgomery County  
 My commission expires September 20, 2021

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provision of the Campaign Finance Act (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 30 day of January 20 18

Daun Lewis  
Signature

My commission expires 9/20/21  
MO. DAY YR.

Jason E. Salus  
Signature

Jason E. Salus  
Printed Name

610 626-8040  
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Daun Lewis, Notary Public  
 Conshohocken Boro, Montgomery County  
 My commission expires September 20, 2021

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Jason Salas</i>	Reporting Period From <i>4/28/17</i> To <i>12/31/17</i>
--	--

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ <i>200.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>200.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$ <i>0</i>

4. OTHER RECEIPTS, REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ <i>0</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>200.00</i>
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# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Jason Salus</i>	Reporting Period From <i>11/28/17</i> To <i>12/31/17</i>
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To Whom Paid <i>See attached</i>	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	Amount <b>\$</b>
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 <b>\$ 1,305.48</b>
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# 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>11/28/17</i> To <i>12/31/17</i>
--	---

Name of Creditor <i>Jason Salus</i>			Outstanding Balance of Debt <i>\$ 3,146.79</i>		
Mailing Address <i>2059 Wisteria Lane</i>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <i>Lafayette Hill</i>		State <i>PA</i>	Zip Code (Plus 4) <i>19444-</i>		
Description of Debt <i>REIMBURSEMENTS-<del>F</del></i>					

Name of Creditor			Outstanding Balance of Debt <i>\$</i>		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor			Outstanding Balance of Debt <i>\$</i>		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor			Outstanding Balance of Debt <i>\$</i>		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor			Outstanding Balance of Debt <i>\$</i>		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor			Outstanding Balance of Debt <i>\$</i>		
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  
*\$ 3,146.79*