		NCE	REPOR			GE 1		5 ICOVE	R PAG	E)
(NOTE: This report must be clear and		ay be t	yped or print	ed in t	slue or bl	ack ini	(_) 2	A 11	(1. H. 1.	3.
Filer Identification	Report Filed By:		CANDIDATE	1.	COMMIT	TEE	X	LOBB	YIST	
Name of Filing Committee, Candidate or Lobbyist	Salu	9								
Street Address:	1									
210 Maple Stree	<u>/</u>		State:		Zip Code			IGE	- <u></u>	
Conshahacken	2.		<u> </u>	3.	1942 AMENDM			185		
TYPE OF BTH TUESDAY 1. 2ND FRID REPORT PRE-PRIMARY		and the second as	DAY ST-PRIMARY		REPORT?	Constraints and a second	YES		NO	
A 2ND FRID			DAY	6.	TERMINA REPORT?	TION	YES	·	NO	
the right of report type)		1 1	ig method Check one		PAPE			DISK	$(-,-)_{\mathrm{rised}} (+)$	
Name of Office Sought by Candidate:		Ð	ATE OF ELEC	ETION EAR	District Number	Offic Code		Party Code	C c	unty ode
treagurer					AL			TIONS		
V CAMARACES			08 20		F			USE O		
Cumment of Receipte	<u>vear</u> ////////////////////////////////////	<u>м</u> 17		<u>'EAR'''''</u> 		· · ·	2002			
A. Amount Brought Forward From Last Report	s		55.39			2				
B. Total Monetary Contributions and Receipts (From Sc	hedule i) \$		0.00							
C. Total Funds Available (Sum of Lines A and B)	\$	50	55.39	-						
D. Total Expenditures (From Schedule III)	\$	300	6,10				्रे>			
E. Ending Cash Balance (Subtract Line D from Line C) \$ 2049.29							្មា បា	^{تر} مد	1	
F. Value of In-Kind Contributions Received (From Sch		- 0			1.		<u></u>		\underline{c}_{i}	
G. Unpaid Debts and Obligations (From Schedule IV) \$ 4,091.07					Y					
	AFFIDAVIT	SECTIO	ON	port c	andidate	elan he	1.1.126.	in and the		4
PART I	edules, on paper	r or cor	nputer diskette,	are to	the best o	f my kr	nowledg	ge and i	belief	true,
correct and complete.						~				
Sworn to and subscribed before me this	20 20]	1	whent	H'	m	Za	W	\sim	-	
MININ SA COMMONWEALTH OF PEN		R	abect	nature) 山	of Person $M^{()}$		km	port		
Dawn L. Schollenberger-N	SEAL	<u>د ب</u> م	1 1 L		Printed N	ame	. 119	n N		
My commission expires Collegeville Boro., Monteer	nery County		Area Code			Daytime	Talep	hone Nu	mber	
MY COMMISSION EXPIRES M		in and a	ndidata shall	sion h			inc			
PART I - If this is a report of a Candidate's Author I swear for affirm) that to the best of my knowledge and bei	ief this politica	l comm	ittee has not v	iolated	any provisi	ions of	the Ac	t of Ju	ne 3, 1	937
(P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this	·		,	_/	7					
30 day of CUMMUNWEALTH OF PENNBYLVANIA Signature of Candidate										
VILLENNOTARIAL SEAL STATEN F. SALUS										
Collegeville Boro., Montgomery County										
My commission expiresMO.	R. 22, 2 015		Ares Code					ohone N	umber	

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

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SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FMENDS OF JASON SALUS	From 1/29/11 To 12/31/11

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

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)				
Contributions Received from Political Committees (Part A)	\$ 200.00			
All Other Contributions (Part B)	\$ -0 -			
TOTAL for the Reporting Period (2)	\$ 200.00			

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

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS	;, ETC	:. (F	ROM P/	NRT E)	
TOTAL for the Reporting Period	(4)	\$	-0-	•	

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 200.00

PAGE 2 OF _____

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

INUL

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	1		Repo	orting Per	iod ,	in hil
FMENDS OF JASU	N SAL	NS	Fri	om <u>1)</u>	·9/11	то 12/31/11
			C	DATE		AMOUNT
Full Name of Contributing Committee	BALL		MO. 12		EAR /	\$ 200,00
Full Name of Contributing Committee FMENDS OF KEVIN BE Mailling Address SO35 BURHOLME A City PHILADELPHIA		· /		DAY	EAR	\$
8035 BURHOLME P	<u>AVENO</u> I State	Zip Code (Plus 4)	MO.	DAY	EAR	•
PHILADELPHIA	PA	19/11 -				\$
Full Name of Contributing Committee			MO.	DAY	EAR	\$
Mailing Address			MO	DAY)	EAR	-
	State	Zip Code (Plus 4)		63 Y 8 3	FEAR	\$
City	Sidie		<u> </u>	DAY 1	r EAN	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	······································
-						\$
City	State	Zip Code (Plus 4)	<u>- MQ</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address		······	1. MOL 12	DAY	YEAR	\$
Mailing Address			is MOL 2		TEAN-	\$
Сіту	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	······································
						\$
Mailing Address			MO , 68	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	<i>.</i>
		-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				DAT	LEWIN	\$
Mailing Address			MO,	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
						\$
Full Name of Contributing Committee			<u>MO. 20 3</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		······	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	•
ORY	State		me		1.22710.02	\$
						PAGE TOTAL
Enter Grand Total of Part A on S	chedule I,	, Detailed Summar	ry Page, S	Section	2.	\$ 100.00

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STATEMENT OF EXPENSE	DITURES 495
Name of Filing Committee or Candidate FMENDS OF JASCH SALUS	Reporting Period From <u>11/29/11</u> To <u>12/31/11</u>
To Whom Paid PAY PAL Mailing Address	MO. DAY YEAR Amount 12 1 11 \$ 6.10 Description of Expenditure PLUCESSING FEES
Mailing Address 2211 NONTHIFINST STREET City SANJOSE CA 95131 -	
FMENDS OF MATT BRADECAD	MO. DAY YEAR Amount /2 28 11 \$ /000,00 Description of Expenditure
Mailing Address 	CONTMBUTION
To Whom Paid MENTGUMENY CONTY DEMOCRATIC (MT Mailing Address 21 E. AINY ST City NOMMISTURN PA 19404-0857	MO. DAY YEAR Amount 12 29 11 \$ 2000,00 Description of Expenditure
City NORPISTURN ST State Zip Code (Plus 4) NORPISTURN PA 19404-0857	CONTINBUTION
To Whom Paid Mailing Address	MD. DAY YEAR Amount S Description of Expenditure
City State Zip Code (Plus 4)	Mo Day VEAB Amount
To Whom Paid Mailing Address	MO: DAY YEAR AMOUNT S Description of Expenditure
City State Zip Code (Plus 4)	MG. DAY YEAR Amount
To Whom Paid Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	MO. DAY YEAR Amount
To Whom Paid 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)	PAGE TOTAL

SCHEDULE III

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

\$3006.10

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STATEMENT		ID DEBTS	5 g 5
Use this Section to itemi which are outstanding a	ize all unpaid at the end of t	the reporting period.	
Name of Filing Committee or Candidate FMENDS OF JASON SALUS		Reporting Period From 11/25	11) To 12/31/11
Jame of Creditor			Outstanding Balance of Debt
LISA SALUS Mailing Address	DATE	MG DAY YEAR	\$ 2,500.00
2059 WISTEMA LANE	DEBT INCURRED	11 21 10	1
Address 2059 WISTEMA LANE ITY CAFAYETTE HILL Description of Debt		State Zip Code (Pius 4) PA 19444	
ESCRIPTION OF DEbt LOANTO CAMPAIEN	<u></u>		
Name of Creditor JASEN E. SALUS Mailing Address			Outstanding Balance of Deb \$ 1591.07
Mailing Address	DATE	MO. DAY YEAR	
2059 WISTERIA LANE	INCURRED	11 2.5 11 State Zip Code (Plus 4)	
LAFAYETTE MILL,		PA 19449	
LOAN TO CAMPAIEN AND CAN	PAIGN CC	MMUNICATIONS	
lame of Creditor			Outstanding Balance of Deb \$
Aailing Address	DATE DEBT	MO. DAY YEAR	
Sity	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Det
Mailing Address	DATE	MO. DAY YEAR	
Maring Address	DEBT		1
City		State Zip Code (Plus 4) -	
Description of Debt		an a	
Name of Creditor			Outstanding Balance of Det \$
Mailing Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
	· · · · · · · · · · · · · · · · · · ·		
Name of Creditor			Outstanding Balance of Del
Mailing Address		MO. PAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
			PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1	I, Report Cove	r Page, Item G.	\$ 4,091.07