

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Jason Salus				
Street Address		2059 Wistaria Lane				
City	La Fayette Hill	State	PA	Zip Code	19444	

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2013	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		1/1/13	
A. Amount Brought Forward From Last Report	\$	29,776.10	RECEIVED JUN 11 - 9 P 3 54
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,250.00	
C. Total Funds Available (Sum of Lines A and B)	\$	33,026.10	
D. Total Expenditures (From Schedule III)	\$	4906.05	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	28,120.05	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	6,115.55	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this
 9th day of May 20 13
 [Signature]
 Signature
 My Commission expires 3-22-2015
 MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 Dawn L. Schollenberger-Notary Public
 Collegeville Boro., Montgomery County
 MY COMMISSION EXPIRES MAR. 22, 2015

[Signature]
 Signature of Person Submitting report
 Robert H McKeon
 Printed Name
 610-489-0700
 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
 9th day of May 20 13
 [Signature]
 Signature
 My Commission expires 3-22-2015
 MO. DAY YR.

[Signature]
 Signature of Candidate
 JASON E. SALUS
 Printed Name
 267 Area Code
 626-8040 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 Dawn L. Schollenberger-Notary Public
 Collegeville Boro., Montgomery County
 MY COMMISSION EXPIRES MAR. 22, 2015

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF JASON SALUS	Reporting Period From 1/1/13 To 5/6/13
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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)		\$ - 0 -
All Other Contributions (Part B)		\$ 250.00
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ - 0 -
All Other Contributions (Part D)		\$ 3,000.00
TOTAL for the Reporting Period	(3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART 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.)	\$ 3,250.00
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PART B
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 FRIENDS OF JASON SALUS	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor SEE ATTACHED							\$
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)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

PAGE TOTAL
\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

All Others \$50 to \$250

Friends of Jason Salus

Name	Address	City	State	ZIP	Date	Amount
Kevin Geary	4 Black Friar Road	Bryn Mawr	PA	19010	1/3/2013	250.00

\$250.00

4200

**PART D
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 SALUS	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor SFE ATTACHED							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	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
\$

All Others over \$250

Friends of Jason Salus

Donor Name	Address	City and State	Zip	Date	Amount	Occupation	Address	Occupation	
Lewis W. Wetzel	15 Public Square, Suite 210	Wilkes-Barre	PA	18701	1/23/2013	1,000.00	Lewis W. Wetzel Attorney at Law	15 Public Square, Suite 210 Wilkes-Barre, PA 18701	Attorney
Bruce Phillips	15 Public Square, Suite 210	Wilkes-Barre	PA	18701	1/23/2013	1,000.00	Bruce Phillips Attorney at Law	15 Public Square, Suite 210 Wilkes-Barre, PA 18701	Attorney
Michael P. Clarke	506 Lantern Lane	Philadelphia	PA	19128	1/18/2013	1,000.00	Rudolph Clarke & Kirk, LLC	Eight Neshaminy Interplex Suite 215 Trevose, PA 19053	Attorney
					Total	<u>\$3,000.00</u>			

6290

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate FRIENDS OF JASON SALUS	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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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	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)		
		-		
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)		
		-		
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)		
		-		
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	\$
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Expenditures

Friends of Jason Salus

Date	Supplier Name	Supplier Address	Supplier City	Supplier State	Supplier Zip	Amount	Description
2/6/13	LDC Charity Fund	740 Sandy Street	Norristown	PA	19401	300.00	Contribution
2/9/13	Colonial Area Democratic Committee	PO Box 55	Conshohocken	PA	19428	1,000.00	Contribution
3/5/13	Montgomery County Democratic Committee	PO Box 857	Norristown	PA	19404	500.00	Contribution
3/9/13	Upper Moreland Democratic Committee	PO Box 219	Willow Grove	PA	19090	20.00	Contribution
3/14/13	Friends of Maria Riccobono Weidinger	19 Kormar Road	Plymouth Meeting	PA	19462	500.00	Contribution
3/14/13	Friends of Lansdale	PO ox 1191	Lansdale	PA	19446	100.00	Contribution
3/14/13	Friends of Jeanne Sorg	76 S. Bethlehem Pike	Ambler	PA	19002	100.00	Contribution
3/18/13	Montgomery County Treasurer	PO Box 311	Norristown	PA	19404	160.00	Luncheon for Staff
4/2/13	Borough of Conshohocken	1 West 1st Avenue, S	Conshohocken	PA	19428	66.50	Flag
4/7/13	Abington Rockledge Democratic Committee	PO Box 132	Abington	PA	19001	250.00	Contribution
4/19/13	Springfield Township Democratic Committee	9200 Eagle View Driv	Lafayette Hill	PA	19444	100.00	Contribution
4/21/13	Plymouth Victory Committee	212 Hillside Avenue	Plymouth Meeting	PA	19462	500.00	Contribution
4/21/13	Cheltenham Democratic Committee	344 Gribbel Road	Wyncote	PA	19095	100.00	Contribution
4/25/13	Hanes for Register	313 Marvin Road	Elkins Park	PA	19027	100.00	Contribution
4/26/13	Friends of Olivia Brady	538 Haws Avenue	Norristown	PA	19401	100.00	Contribution
4/28/13	Area 15 Democrats	203 Fulmer Road	Spring Mount	PA	19478	25.00	Contribution
4/28/13	Conshohocken Democratic Committee	113 W. 4th Avenue	Conshohocken	PA	19428	500.00	Contribution
4/28/13	Phipps for Mayor	237 E. 12th Avenue	Conshohocken	PA	19428	100.00	Contribution
4/28/13	Upper Merion Democratic Committee	485 General Washing	Wayne	PA	19087	250.00	Contribution
5/5/13	Democratic Committee of Lower Merion and Narberth	PO Box 522	Haverford	PA	19041	127.00	Contribution
	PayPal	2211 North First Stret	San Jose	CA	95131	7.55	Processing Fees
Total						\$4,906.05	

89
0

SCHEDULE IV 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 FRIENDS OF JASON SALUS	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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Name of Creditor SEE ATTACHED					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						
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 \$

Unpaid Debts

Friends of Jason Salus

Name	Address	City	State	ZIP	Date	Amount	Description
Lisa Salus	2059 Wisteria Lane	Lafayette Hill	PA	19444	11/21/2010	2,500.00	Loan to campaign
Jason E. Salus	2059 Wisteria Lane	Lafayette Hill	PA	19444	4/28/2011	1,591.07	Loan to campaign
Jason E. Salus	2059 Wisteria Lane	Lafayette Hill	PA	19444	12/19/2012	1,921.88	Loan to campaign
Jason E. Salus	2059 Wisteria Lane	Lafayette Hill	PA	19444	5/6/2013	102.60	Loan to campaign
						<u>\$6,115.55</u>	TOTAL

10910