

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 <input type="checkbox"/> | |
| 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 | |
| | MONTGOMERY CO. TREASURER | | AL | DFM | MO. | DAY |
| 6TH TUESDAY PRE-PRIMARY | 1 | DATES OF REPORTING PERIOD | | FOR OFFICE USE ONLY | | |
| 2ND FRIDAY PRE-PRIMARY | 2 <input checked="" type="checkbox"/> | MO. | DAY | YEAR | NO. DAY YEAR | |
| 30 DAY POST-PRIMARY | 3 | 1 | 1 | 13 | 5 21 13 | |
| 6TH TUESDAY PRE-ELECTION | 4 | CASH BALANCE AT END OF REPORTING PERIOD: | | \$ - 0 - | | |
| 2ND FRIDAY PRE-ELECTION | 5 | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | \$ 365.55 | | |
| 30 DAY POST-ELECTION | 6 | AMENDMENT REPORT? | | YES | NO | <input checked="" type="checkbox"/> |
| ANNUAL REPORT | 7 | TERMINATION REPORT? | | YES | NO | <input checked="" type="checkbox"/> |

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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 20 13 DAY OF May

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
 JASON E. SALUS
 PRINTED NAME

MY COMMISSION EXPIRES 3-22-2015
 MO. DAY YR.

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

626-8040
 DAYTIME TELEPHONE NUMBER

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 OF CANDIDATE

 PRINTED NAME

 SIGNATURE

 AREA CODE

 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES _____ MO. DAY YR.