Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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Number	2	0140409		ark X)	Бу	"	mara	ate			Con	muee	ľ		X	LODI	Jyist	
Name of Filing C	ommittee, Ca	ndidate or	<u> </u>	ds of Jasc	n Salu	ıs				<u> </u>	<u></u>				<u></u>	<u> </u>		
Street Address			20.0	ох 1214														
			,06	UX 1214		CA	- <u></u> -				7:- 6-							
City	Norristow					31	ate	PA			Zip Co	oue	1940	04				
Type of Report (Place x under i	report type)																
1-6 th Tuesday	2- 2 nd Friday	3- 30 Day Post	4- 6 ^{ti}	h Tuesda	y 5-	2 nd Fi	riday	1		y Post	7- Ani	nual			nd Friday	1 .	ial 30	
Pre-Primary	Pre-Primary	Primary	Pre-	Election	Pi	re- Ele	ection	Elec	tion				Pre	-Elect	tion	Post	-Electi	on
		X]					7		<u> </u>		 		_
Date Of Election		12.31	Yea	<u>-</u>				Ame	l	nent		<u>-</u>	Ter	mina	tion			
(MM/DD/YYYY)		11/03/2015	'('	•		201	5	Rep		1,1,116	<u> </u>		Rep		LIGIT	İ		
				T = 5				ļ			L	_	045		Ā I			
Summary of Red Expenditures	eipts and	From Date		To Da	ite							For	Office	use	Only			
Expenditures		05/20/2015			06/08	/2015		1										
A. Amount Brou	ght Forward F	rom Last Report	t :	\$	149,4	50.34												
B. Total Moneta	ry Contributio	ons and Receipts		\$				1										
(From Schedule					2,37	0.00												
C. Total Funds A			:	\$	151.8	20.34		Ĭ										
(Sum of Lines A				_		20.54		į										
D. Total Expend (From Schedule				\$	6,32	9.94												
E. Ending Cash E				\$				1										
(Subtract Line D					145,4	90.40		1										
F. Value of In-Ki		ons Received	:	\$	30/	4.76		1										
(From Schedule						+.70		1										
G. Unpaid Debts (From Schedule	_	ons		\$	4,00	00.00		l										
(Trom senedare	• • • • • • • • • • • • • • • • • • • •					Affid	avit Se	ection				·					- · · • • ·	
Part 1- If this is a C						ate re	port, c	andida										
I swear (or affirm)	that this report,	including the atta	ched s	chedules	on pa	per, is	to the	best o	f my	knowled	ige and l	elief t	rue, co	rrect	and comple	te.		
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My Commission ex	pires <u>JV JV</u>	DAY My Po	ppe Bo mmiss	ion Expire	omery Is Mar	/ Count ch 25.1	ry	Area Co	ode					 Teleni	none Numb	 er		
		MEMBER. PE	NNSYL	VANIA ASS	OCIATI	ON OF	HOTAR						,	, с.ер,		••		
Part II- If this is a re I swear (or affirm)									t viol	lated an	y provisi	ons of	the Ac	t of Ju	ine 3, 1937	(P.L. 13	33, NO	.320) as
amended.																		
Sworn to and subs	cribed before m	e this							1		-0:	1						
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	Signature	Trappe	Boro, I	Montgome	ry Co	unty					Printed							
My Commission ex	pires <u>2/2/2/</u>	My Commi DAGWBER: PENNS	ssion I	Expires M	arch 2	5. 2019		67				626-8						
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											_							

SCHEDULE I

PAGE 2 OF ____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From 5/20/15 To 6/8/15
20140409 Friends of Jason Salus	From 7/20/11/ 10 0/0/11
LUNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LES	
TOTAL for the Reporting Perio	iod (1) \$ 70.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PAR	T B
Contributions Received from Political Committees (Part A)	\$ 100.00
All Other Contributions (Part B)	\$ 700.00
TOTAL for the Reporting Peri	riod (2) \$800,00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Per	riod (3) \$ 1,500.00
	,
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ETC. (FROM PART E)
TOTAL for the Reporting Per	I I
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	* 2,370.00

Reporting Period

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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 FRIENDS OF JASON 5 ALUS	ī.		orting Period rom 5/5/	/15 To 6/8/15
1212 , DM211, 2 HCM			DATE	AMOUNT
Full Name of Contributing Committee		MO.	DAY YEAR	
GREEN FUND			10 /S DAY YEAR	4 3 3
723 E. PHIL-ELLENA S	TREET			\$
723 E. PHIL-ELLENA S OHY PHILADELPHIA PA	79/19 -	TO MESON FOR	DAY YEAR	\$
Full Name of Contributing Committee		STANDERS STAT	DAY YEAR	\$
Mailing Address		мо	DAY YEAR	
City	te Zip Code (Plus 4)	MO.	DAY YEAR	
Full Name of Contributing Committee		· MO. 7	DAY YEAR	R.
				\$
Mailing Address		Mos Willer	DAY	\$
City Stat	te Zip Cade (Plus 4)	A MOSTA ES	DAY YEAR	s s
Full Name of Contributing Committee		MO.	DAY	\$
Mailing Address	WE GUILLIAND TO THE	MQ.	DAY	
City	ite Zip Code (Plus 4)	Мо.	DAY YEAR	
Full Name of Contributing Committee		MO.	DAY	
Mailing Address	Market 1997	мо.	DAY: YEAR	
City	ite Zip Code (Plus 4)	= MOv ==	DAY YEAR	
Full Name of Contributing Committee		·· Mo.	DAY	
Mailing Address		MO:	DAY YEAR	
City	ste Zip Code (Plus 4)	S MOZE	DAY YEAR	R ∰
		45. 3	PDAY YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address		MO.	D.Y YEAR	\$
City	žip Code (Plus 4)	MOZILE	DAY YEA	\$
Full Name of Contributing Committee		2711116 (141) (24)	DAY YEAR	I
Mailing Address	<u> </u>	STEMOWER STE	DAY YEA	
City	ete Zip Code (Plus 4)	::-Mo.(≅ 5≥	DAY	
	1			PAGE TOTAL
Enter Grand Total of Part A on Schedule	e I, Detailed Summa	ary Page, S	Section 2.	\$ 100.00
SEB-502 (7-99)				

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.)

(Exclude contributions	s from	political committ	tees rep		A.)	
Name of Filing Committee or Candidate				porting Period		- (/0/.5
FRIENDS OF JASON SA	605			From <u>5/5/15</u>		To <u>(0/ 8/1)</u>
				DATE		AMOUNT
Full Name of Contributor MARGARET	5 P 1	LIAM BOLIS	мо 5	7 /5	\$	10000
Mailing Address			MO	DAY YEAR	\$	
1012 BETHLEHEM PIK	< , S	TE 105	ino.	SAY YEAR	-	
SPRING HOUSE	PAI	19477-			\$	
Full Name of Contributor $SFA\sim ho$, $KILk$			МО, ≡	DAY YEAR	\$	250,00
Militian Address	,	<i>*</i>	МО.	DAY YEAR	s	
715 WASHINGTOI	NU	δ√2€	 	DAY DEYEAR	<u> </u>	
JENKINTOWN	PA	796 - Zip Code (Plus 4)	MO.	DATE SERVICES	\$	
Full Name of Contributor		1		DAY WEAR	s	250.00
Full Name of Contributor EMMETT MA	DDF	N	6 Mo.	DAY YEAR	1	
Mailing Address 711 WEST AVEN	UE				\$	
JENKINTOWN	State	Zip Code (Plus 4)	MO	DAY	\$	
Full Name of Contributor	1171	7,076	MO.	DAY YEAR	\$	1000 100
Full Name of Contributo ERIC BRICE			5 MD.	5 15 DAY YEAR		100.00
Meiling Address] \$	
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$	
Full Name of Contributor	<u></u> _		MO.	DAY YEAR	\$	
			her MOVEL	DAY YEAR		
Mailing Address			MILITER	1	\$	
Çity	State	Zip Code (Plus 4)	* M 0	DAY YEAR	\$	
		-	MOC	DAYN YEAR	-	
Full Name of Contributor					\$	
Malling Address			MO.	DAY OYEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	\$	
			. Mari ≻	DAY	a_1	-
Full Name of Contributor					\$	
Mailing Address			MO	D Y YEAR	\$	
City	State	Zip Code (Plus 4)	, MO,	D Y YEAR	= =	
			∴.MO	DAY YEAR	57.1 57.1	
Fuil Name of Contributor					<u> </u>	
Mailing Address			MO.	DNY YEAR	- \$	
City	State	Zip Code (Plus 4)	MO.	DAY YEAR		
					\$	GE TOTAL
					三 一 ア ハ	COP 10 CAP

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

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate		Reporting I	Period	1/0/-
FRIENDS OF JASON SAWS		From	15/15	то <u>6/8/15;</u>
		DATE		AMOUNT
Full Name of Contributing Committee	S 10CAL 384	5 20	15	\$ 500.00
Mailing Address 2910 HANNEH AVENT	√ €	MO. DAY	YEAREN	\$
NORRISTOWN PA	19401 -	NO. DAY		\$
Full Name of Contributing Committee /BC PAC		50MO(10 DAY	YEAR :	\$ <i>50</i> 0 00
	` € 7	MO: DAY	YEAR	\$
1901 MARICET STRE	Zip Code (Plus 4) /9/03 -	MO. DAY	YEAR	\$
Full Name of Contributing Committee		M6. DAY	YEAR	\$
Mailing Address		MO DAY	YEAR	\$
City	Zip Code (Plus 4)	MO Z DAY	YEAR	\$
Ful) Name of Contributing Committee	<u>I </u>	MO. DAY	YEAR	\$
Mailing Address		ØMO. S C DAY.	YEAR	\$
City	e Zip Code (Plus 4)	MO: DAY	- YEAR	\$
Full Name of Contributing Committee		AMOZIO BIOAY	YEAR	\$
Mailing Address		MO DAY	YEAR	\$
City	e Zip Code (Plus 4)	MO M DAY	YEAR	\$
Full Name of Contributing Committee		MO DAY	YEAR 4.	\$
Mailing Address		OMO DAY	YEAR	\$
City State	e Zip Code (Plus 4)	WO. DAY	V YEAR	\$
Full Name of Contributing Committee		MINOSE TOTOAS	T C YEAR	\$
Mailing Address	A THE STATE OF THE	MO.T. PDAY	YEAR	\$
City	re Zip Code (Plus 4)	MOD SUPY	YEAR	\$
Full Name of Contributing Committee	i i	MOMO CODAY	YEAR	\$
Mailing Address	rangangan sagatanggan and anakan ang managan sagatan ang managan sagatan ang managan sagatan sagatan sagatan s		ET FYEAR	\$
City Stat	te Zip Code (Plus 4)	MO: HDAY	E LYEKR	\$
		<u> </u>		PAGE TOTAL
Enter Grand Total of Part C on Schedule	I, Detailed Summa	ary Page, Section	on 3.	\$ 1,000.00

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.)

me of Filing Committee or Candidate			Re	porting Pe	100 15/15	то 6/8/15
FRIFADS OF JASON SA	acus			From	21 - 2	
				DATE	eres visitio	AMOUNT
III Name of Contributor LOVIS CAPU	TO		MO		5 YEAR	\$ 500.00
ailing Address 213 SMITHFIELD S ITY PITTSBURGH	57, 303	FITT BLDG	- мо:		YEAR	\$
	PA /	5222 -	Occupation	20 4-		\$
mplayer Name SELF-EMPLOYED				ATT	OKNE	7
mployer Mailing Address/Principal Place of/Business						
ull Name of Contributor			MO.	(\$
Railing Address			MO.	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupat	noi		
Emplayer Mailing Address/Principal Place of Business						
Full Name of Contributor			⊕ MO.	DAY	YEAR**	\$
Mailing Address			. MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	· MO.	DAY	YEAR	\$
Employer Name		The state of the s	Occupa	tion	L	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			™o.	DAY	YEAR!!!	\$
Mailing Address			мо.	DAY	- YEAR	\$
City	State	Zip Cade (Plus 4)	- MO2	PAY	YEAR	\$.
Employer Name			Decup	ation	<u></u>	
Emplayer Mailing Address/Principal Place of Busines	s					
			MO	DAY	YEAR	\$
Full Name of Contributor			· MO	obd OAY	YEAR	\$
Mailing Address	State	Zip Coda (Pius 4)	≅∴ м о	DAY!	YEAR	
City			Occup	ation		\$
Employer Name						AND
Employer Mailing Address/Principal Place of Busines	ss			•		
Enter Grand Total of Part D on Sch	edule I,	Detailed Summa	ary Pag	e, Secti	on 3.	\$ 500.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

me of Filing Committee or Candidate				Reporting	Period	11.1.5
	ı Ç			From 5	15/15	To 6/8/15
FMENDS OF JASON SALV				DATE		AMOUNT
			··· MO.		YEAR.:	\$ 304.76
I Name of Contributor JOHN P. RODO	$S \in \mathbb{Z}$	5	5	8		- X21.78
till - Address			MO.	PAY	YEAR	\$
15 PUBLIC SQUERT, STE	210	C. de /Pline Al	1 10	DAY	YEAR	
Y S	late	/CO => /	WIO			\$
WILKES BARRE 1	<u>^ </u>	78797	Öulu,	, , , , , , , , , , , , , , , , , , ,		
player of Contributor	aco	C65 110		HI	TORN	VEY
CAWRLY, SHEA PHILLIPS + ployer Mailing Address/Principal Place of Business	10000	3(6.3 2.3.)		Tarting of Cor	eribution	/
nployer Mailing Address/Principal Place of Business 15 FUBLIC SQUARE, STE 210, W/L	KES	BARRY FA 1876	//			TETING
Il Name of Contributor			MO	PAY	YEAR	\$
III Name of Contributor	سمعت به مستسن		MC	DAY	YEAR	
ailing Address			1400			\$
	State	Zip Code (Plus 4)	МС	DAY	YEAR	\$
ity	Arere	— · · · · · · · · · · · · · · · · · · ·				
mployer of Contributor			Occu	pation		
mpinger of white cone.					meriburion.	
mployer Mailing Address/Principal Place of Business			Desc	ription of Co	MINI IDENION	
				ac to this DVery	- EVEAR	
uli Name of Contributor			m	3,		\$
		,	M	YAC	YEAR	*
Mailing Address						\$
Sity	State	Zip Code (Plus 4)	М	D. DAY	YEAR	\$
arty						
Employer of Contributor			Occ	upation		
			Des	cription of C	ontribution	
Employer Mailing Address/Principal Place of Business						
			ort, N	O DAY	YEAR	
Full Name of Contributor						\$
Mailing Address			N N	IO. DAY	YEAR	\$
Mothing Sparage					all a last company	
City	State	Zip Code (Plus 4)	<u> </u>	IO. DAY	PAR	\$
	<u> </u>		Des	upation		
Employer of Contributor				· - •		
D) of President		4 44	De	scription of (Contribution	
Employer Mailing Address/Principal Place of Business						
of Contributes			\$20 1	MO: COA	YEAR	\$
Full Name of Contributor	_					
Mailing Address				MO. DA	YEAR	\$
	1.6/	Zip Code (Plus 4)	- 1310	VIO: DA	YYEAR	
City	State	zip Coud (r)us 4)	, in the second] \$
Employer of Contributor	1	<u> </u>	00	cupation		
Emprofer of Sommers.						
Employer Mailing Address/Principal Place of Business			De	scription of	Contribution	•
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Summary Page, Section 3.						

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

ne of Filing Committee or Candidate		Reporting Period
ne of Filing Committee S. Samuel		From <u>5/5//5</u> To <u>6/8//5</u>
		MO DAY YEAR Amount
WHOM Paid BRIDGET LAFFE	RTY	MO. DAY YEAR ST. 109.63 Dascription of Expenditure
TOY FULTON AVE	/	REIMBURGEMENT
IAUSDAIT	State Zip Code (Plus 4)	
		5 16 15 \$ 100 00
SPRINGFIELD TWF. DEMO	CRATIC CMTE.	Description of Expenditure
9 200 CAGGEVIEW	State Zip Code (Plus 4)	CONTRIBUTION
LRFAMETTE HILL	CA 19444-	Amoun
Whom Paid U.S. POSTAL SER	V/CE	5 27 15 \$ 62.00
oiling Address	, , , , ,	Description of Expanditure
ity	State Zip Code (Plus 4	
NORRISTON	PR 19401 -	MO DAY SYEAR Amount
SHAPIRU/AKKOOS	H	5 2 /5 \$ 6, O CO.
Initing Address 2 E. AIRY ST		CONTRIBUTION
ON OPPLS TOWN	State Zip Cade (Plus	4)
n Wham Paid		1 / 15 \$ 52.48
BRIDGET LAFFERT	/	Description of Expenditure
804 PULTON	State Zip Code (Plus	REIMBURSEMENT
LAMSOALE	PA 17446-	MO. DAY WEAR Amount
Fo Whom Paid PAYPAL_		6 8 15 \$ 5.83
Mailing Address 2211 N. Fire	ST ST.	Description of Expenditure
City	State Zip Code (Plus	A PROCESSING FEES
SAN JOSE	[CK 1973]	Mo: DAY YEAR Amount
To Whom Paid		Description of Expenditure
Mailing Address	State Zip Code (Plus	4)
City	State Lip 6052 1 150	
To Whom Paid		\$
Mailing Address		Description of Expenditure
City	State Zip Code (Plus	s 4)
		PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report Cov	er Page, Item D. \$6,329.94

	C	•	a	
PAGE		OF		

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 Creditor (15A SACUS Mailing Address 2059 WISTERIA (N. DATE DEBT INCURRE City CAFANCTIF HILL Description of Debt	
Mailing Address 2059 WISTELLA (N. DEBT INCURRE City CAFAICTTF HILL Description of Debt	MO. DAY YEAR
City CAFRIGOTTE HILL	ED 11 21 10 10 10 10 10 10 10 10 10 10 10 10 10
Description of Debt 1	State Zip Code (Plus 4)
	16 17444
LOAN TO CAMPAICH	
Name of Creditor JASON SGLUS Mailing Address DATE	Outstanding Balance of De \$ / ろうと がい
Mailing Address DATE DEBT INCLINE	Mo." OAY YEAR
City	State Zip Code (Plus 4)
Description of Debt LUAN TO CAMPAIRN	1. C 1 / // 7 / English design file in the
Name of Creditor	Outstanding Balance of De
Meiling Address DATE	MO. TOAY YEAR
DEBT INCURRE	eb
	State Zip ode (Plus 4)
Description of Debt	The second secon
Namo of Creditor	Outstanding Balance of De
Mailing Address DATE DEBT	MO. DAY YEAB
City	State Zip Code (Plus 4)
Description of Debt	
Name of Creditor	
Name of Creditor	Outstanding Balance of De \$
Mailing Address OATE DEBT INCURRE	MO. DAY YEAR
Mailing Address OATE	MD. DAY YEAR ED State Zip Code (Plus 4)
Mailing Address OATE DEBT INCURRE	MD. DAY YEAR ED State Zip Code (Plus 4)
Mailing Address OATE DEBT INCURRE	MO. DAY YEAR ED State Zip Code (Plus 4)
Mailing Address OATE DEBT INCURRENT Description of Debt Name of Creditor	MD. DAY YEAR DAY YEAR State Zip Code (Plus 4) Outstanding Balance of De
Mailing Address OATE DEBT INCURRED City Description of Debt Name of Greditor Mailing Address DATE DEBT INCURRED DEBT INCURRED	MD. DAY YEAR DAY YEAR Outstanding Balance of De MO: DAY YEAR
Mailing Address OATE DEBT INCURRES City Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRES City	MO. DAY YEAR State Zip Code (Plus 4) Outstanding Balance of De \$
Mailing Address OATE DEBT INCURRED City Description of Debt Name of Greditor Mailing Address DATE DEBT INCURRED DEBT INCURRED	MO. DAY YEAR Outstanding Balance of De MO. DAY YEAR State Zip Code (Plus 4)
Mailing Address OATE DEBT INCURRES City Description of Debt Name of Creditor Mailing Address DATE DEBT INCURRES City	MO. DAY YEAR State Zip Code (Plus 4) Outstanding Balance of De \$ Outstanding Balance of De \$ D State Zip Code (Plus 4) PAGE TOTAL