CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Filer Identification Number:	" Da140	0409	Report Filed B	y:	CANDI	DATE 1.	COMM	HTTEE	$^{2}\chi$	LOBB	YIST	3.
.	ittee, Candidate or Lo		1 -			1	_ L ,.,		1 /	<u> </u>	<u></u>	
Street Address:	chends or	f Jason S	<u>s alus</u>	····								
P	0 Box 12	14										
City:			,		State:		Zip Co	de:	-			
10	nuoteino				P/A		194	01				
TYPE OF REPORT	PRE-PRIMARY	2ND FRIDA			O DAY	ARY 3.	REPORT	Commence of the commence of th	YES	1	NO	X
(place X to	OTH TUESDAY PRE-ELECTION	4. 2ND FRIDA PRE-ELECT		[3	O DAY OST ELECT	6. ION	TERMIN REPORT		YES		NO	X
the right of report type)	ANNUAL REPORT	7. YEAR	2015	FIL {	ING METI		PAPI	R	1	DISKE	TTE	
Name of Office Sough	nt by Candidate:		- 0.0			ELECTION	District	Office	9	Party	Cou	inty
Montgomery	County Treas	urer			11 3	7015	Number	Code		Code		de
								L-		TIONS F		DDES)
Summary of Re	eceipts 🛌		AR	<u> </u>	O. DAY	YEAR	 	OR OF	TICE U	SE OF	VLY.	aline, f
and Expenditur	es from:	11 24 26	>15	To Li	2 31	2015			•~	.s		
A. Amount Brought	Forward From Las	t Report		9.	1,366	2,23		4	5	<u> </u>		
B. Total Monetary	Contributions and F	leceipts (From Sche	dule 1)	3 4	,32 <i>5</i>	, QC	1	300	- -		ت ا	
C. T. J. C. J. A. 1111 (C.					.687			⊞R S	<u> </u>	<u> </u>	2	
D. Total Expenditur	es (From Schedule	111)	,	2,94,2,34								
E. Ending Cash Bala	ance (Subtract Line	D from Line C)	1		1724	. 89		0.P	유 :	Z [
F. Value of In-Kind	d Contributions Red	eived (From Sched	ule II)		Ø		ĺ	S M S M	,	X		
G. Unpaid Debts an	d Obligations (From	Schedule IV)	\$	4,	200 . ~					۶. ر	3	
		,	AFFIDAVIT	SECTI	ON							
PART 1 - If this is	a Committee rep	ort, tressurer sign l	sere. If	his is a	Candidat	e report, ca	ndidate s	ign her	B		-7.	:- tal = 1
I swear (or affirm) the correct and complete.	at this report, includir									and bel	ief tru	/e,
Sworn to and subscri					1							I
28th day of	January	20	طا	1	Jaru	043110	` •					
Cal		4	<u> </u>		4	Signature of	Person St	bmitting	Repor	t		-
- SEC	COMPONIE	ARTH OF PENNSYLV		} —	IUCOO!	ra 15un	Printed Nam	ne				
My commission expi	res Mo.SoKunthe	Notarial Seei	MIA		Area Cod	<u> </u>	<u>470</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	17 g	7		
	My Come	Management - Got	100					ytime T	erepnon	e Numb	er	
PART II - If this is	a reported with	CARL SEPTEMBER SEPTEM	An Comm	ittee, ca	ndidate st	all sign her	e. , , *.			100 mg/s		
l swear (or affirm) tha (P.L. 1333, No. 320) as	it to the best of my l	mowledge and balisf	this politic	al commi	ttee has no	t violated an	y provision	ns of the	Act o	f June 3	3, 1937	7
Sworn to and subscri	bed before me this				1		(1					1
38-4 day of	January	20_	16	—	Mr	Twa	<u>Sels</u>	١			- -	[
CH~	12 /	_	J	. ()	115	Signat のひ <i>にい</i> の	W JAL	ididate . ひて				
0,0		H OF PENNSYLVANI	١ [~	··· (J. 4.1 ···)	F	rinted Nan	1e	110			- {
My commission expi		tarial Seal hong, Notary Public	<u> </u>	_20	Area Cod	ė		S- 80 Ytime To	<u>-</u>	e Numb	er	_ [
	My Commission	Expires Oct. 27, 2017	ES	- 197		-					-	

Department of State

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

SCHEDULE 1

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period . ,
Friends of Jason Salus	From 11/24/15 To 12/31/5

1. UNITEMIZED	CONTRIBUTIONS AND RECEIPTS	- \$50.00 OR	LESS PE	R CONTI	RIBUTOR	
	TOTAL for t	the Reporting	Period	(1)	\$ 25.	دن

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ Ø
All Other Contributions (Part B)	\$ 1950.00
TOTAL for the Reporting Period (2)	\$ 1950,00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,250.00
All Other Contributions (Part D)	\$ 1,100.00
TOTAL for the Reporting Period (3	3) \$ 2,350,00

4. OTHER RECEIPTS - REFUNDS,	INTEREST EAR	NED, RETURNED	CHECKS,	ETC.	(FROM	PART E)
	TOTAL for 1	the Reporting Per	iod	(4)	\$ Ø	

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	\$ 4325, [∞]
Cover Page, Item B.)	, , , , , , , , , , , , , , , , , , ,

10.00

PART A

PAGE	OF	

Reporting Period

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.

Friends of Jason Sal	كعا		i	From <u>II</u>	124/15	то 12/31/15
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
N						\$
City	State	Zíp Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	3.2.6		MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	·	· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		<u> </u>	wo.	<u> </u>	TEAN	\$
Full Name of Contributing Committee	-		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	.
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Total Rolls of Contributing Committee			1110.	- DA1	1520	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	.
Full Name of Contribution Committee		——————————————————————————————————————	3/0			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAŸ	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	¢
Full Name of Constitution Constitution			No	DAY	VEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		· · · 	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	<u>,</u>		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	4
		-				\$
Enter Grand Total of Part A on Sche	dule I,	Detailed Summar	y Page,	Sectio	n 2.	PAGE TOTAL \$
						<u> </u>

Name of Filing Committee or Candidate

PAGE____OF___

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.)

Friends of Jason S	وديام			From <u>((</u>	1241	5 to 12/B1/15
Treated to the state of the sta	0.100		i	DATE		AMOUNT
Full Name of Contributor See atta		λ.	MO.	DAY .	YEAR	\$
Mailing Address	core o		MQ.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$.
		<u>-</u>		DAT	TEAR	\$
Full Name of Contributor		<u> </u>	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			To the true	\$
			MO	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		·	MO.	DAY	YEAR	
			ivio.		TEAN	\$
CITY	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
•			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
Full Name of Contributor			MO.	DAY	YEAR	\$
			- MO.	<u> </u>	TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
						\$
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			10.0		FERN	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		1	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
•			MO.	DAY	YEAR	\$
Full Name of Contributor		<u> </u>	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	——————————————————————————————————————
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
			 	l		PAGE TOTAL
Enter Grand Total of Part B on Sche	dule I,	Detailed Summary	Page,	Section	1 2.	\$ 1950 -
SEB-502 (7-99)		•	~ ·			<u> </u>

Friends of Jason Salus All Other Contributions \$50.01-\$250

NAME	ADDRESS	CITY	STATE	dIZ	DATE	AMOUNT
David Lewis Hyman	413 W. Mermaid Lane	Philadelphia	PA	19118	12/19/2015	\$200.00
Carmen S Italia Jr	PO Box 3	Royersford	PA	19468	19468 12/19/2015	\$100.00
Matthew M Garber	97 Byers Road	Ottsville	PΑ	18942	18942 12/19/2015	\$200.00
Kenneth E Heydt	27 Tice Lane	Perkasie	ΡA	18944	18944 12/19/2015	\$200.00
Howard P Rovner	1165 Willard Road	Huntingdon Valley	PA	19006	19006 12/19/2015	\$100.00
Eric J Pritchard	110 Glenview Avenue	Wyncote	PA	19095	19095 12/19/2015	\$200.00
Bruce Foulke	PO Box 768	Worcester	ÞΑ	19490	19490 12/19/2015	\$150.00
Peter Cianci	325 E 11th Avenue	Conshohocken	PA	19428	19428 12/19/2015	\$100.00
Jay M Lankford	114 Weybridge Dr	Malvern	ΡA	19355	19355 12/19/2015	\$250.00
Elizabeth A Moy	39 Viburnum Court	Lafayette Hill	ΡA	19444	19444 12/19/2015	\$250.00
Kleinbard, LLC	One Liberty Place 46th Floor	Philadelphia	PA	19103	19103 12/19/2015	\$200.00
						\$1,950.00

PART C

PAGE _____OF _____

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	_		Re	eporting	Period	1 ,
Friends of Jason	Sa	ای		From <u>//</u>	laylis	To 12/31/15
				DATE		AMOUNT
Full Name of Contributing Committee See attacks	٨		MO.	DAY	YEAR	\$
Mailing Address	0		MO.	DAY	YEAR	
•						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	ľ		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MO.	ĎÁY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
run Name of Contributing Committee			AIO.	DA)	TEAN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	1		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Ψ
		_	.,,,,		TEAN	\$
Full Name of Contributing Committee			MO.	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) —	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on Sche-	dule I,	Detailed Summary	/ Page,	Section	n 3.	\$ 1250.00

2015-Cycle 2

Friends of Jason Salus Contributions from Political Committees Over \$250

NAME	ADDRESS	CITY	STATE	ZIP	DATE	AMOUNT
Iron Workers Local No.401	11600 Norcom Road	Philadelphia	PA	19154	19154 12/19/2015	\$500.00
Duane Morris LLP Government	30 South 17th Street	Philadelphia	ΡΑ	19103	19103 12/19/2015	1
Commonwealth Heritage PAC	925 Harvest Drive Suite300	Blue Bell	PA	19422	19422 12/19/2015	
			-			
						\$1,250.00

ALL OTHER CONTRIBUTIONS

PAGE	OF	

Reporting Period

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 S	3010	3		From 1	1/24/15	5 TO 12/31/15
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$ 500
Seth Q Delas Mailing Address	,	·	10 MO.	DAY	15 YEAR	200.
459 BOX FIDER LA						\$
City CAFAYETTE HILL Employer Name	State	Zip Code (Plus 4) /9444-	MQ.	DAY	YEAR	\$
Emplayer Name	77/		Occupation	on	<u> </u>	
MORTCAGE INVESTI Employer Mailing Address/Principal Place of Business	MENT	5 LLC	REA	2 Es	TATE	<u>-</u>
Employer Mailing Address/Principal Place of Business		. 20 1944/1				
P.O. BOX GOI, LAFRITETIE	HIL	C, TW 17999				
Full Name of Contributor			1 O	DAY T	YEAR	\$ 300
Thomas Watkins Mailing Address			MO.	DAY	YEAR	\$
Mailing Address 949 EASTON RD City						*
WARRINGTON.	State	Zip Code (Plus 4) /8976 -	MO.	DAY	YEAR	\$
Employer Nema	•	<i>1-1.1.</i>	Occupation			<u> </u>
CAPPELL ENGINEERING Employer Mailing Address/Principal Place of Business		····	EN	GING	ER	· · · · · · · · · · · · · · · · · · ·
Employer Mailing Address/Principal Place of Business 949 EASTON RD, WARRIN	Gran	, PA 18176				
Full Name of Contributor		,	MO.	DAY	YEAR	
Allen Mason Mailing Address			10	14	15	\$ 300.
Mailing Address 127 Chatham Place			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Lansdale Employer Name	PA	19442 -				3
Employer Name			Occupation		e Pres	3.d. 1
Caroll Engineering Employer Mailing Address Principal Place of Business		, , , , , , , , , , , , , , , , , , ,	1-1616	<u>2- 010</u>	<u>e 1143</u>	TOTAL
949 Easter Rd Warrington PA	1897	6				
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
Manning Address				<u> </u>	, , , , , ,	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
	Ll.	-		_ ,		
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business		<u> </u>	1			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
					1 27377	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		-	Occupati	<u></u>	<u> </u>	
Employer Name				-"		
Employer Mailing Address/Principal Place of Business						<u>, , , , , , , , , , , , , , , , , , , </u>
Enter Grand Total of Part D on Sched	lule I,	Detailed Summar	y Page,	Sectio	n 3.	PAGE TOTAL
DSEB-502 (7-99)	·		-			\$ 1,100.

SCHEDULE II

PAGE _____ OF ____

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	riod	· · · · · · · · · · · · · · · · · · ·
Friends of Jason Salus	From IIIa	4/15	го <u>12/31/15 </u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR 1	LESS PER	CONTRIBUTOR
TOTAL for the Reporting Perio	od (1)	\$	
			· · · · · · · · · · · · · · · · · · ·
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	250.00 (FROM	A PART F)	en e
TOTAL for the Reporting Period	od (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PART G)	
TOTAL for the Reporting Period	od (3)	\$	
	<u>''</u>		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		s	

PAGE _____ OF ____

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat		۶	Reporting						
Friends of Jus	on Salus		From _j	ति ३५ । ।	5 to 12/3/115				
				DAT⊆		AMOUNT			
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO	DAY	YEAR				
City	10	71- 6-4-(6)				\$			
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupati	ion	1				
Emptoyer Mailing Address/Principal Place o	Business		Descript	ion of Cor	tribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR				
City		71. 0. 4. 101. 4				\$			
jony	State	Zip Code (Plus 4)	MO,	DAY	YEAR	\$			
Employer of Contributor	* \	Occupati	on						
Employer Mailing Address/Principal Place of	Business	Descripti	ion of Con	tribution					
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR				
City		7:- 0-1- late 4				\$			
on,	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$			
Employer of Contributor		.,	Occupation						
Employer Mailing Address/Principal Place of	Business		Description of Contribution						
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR				
City	State	7in Code (Olive 4)				\$			
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$			
Employer of Contributor			Occupation						
Employer Mailing Address/Principal Place of	Business		Description of Contribution						
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address	<u> </u>		MO.	DAY	YEAR				
City	T See T	Tip Code (Div. 4)	110	5.4	VE.5	\$			
	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$			
Emplayer of Contributor			Occupation	on					
Employer Mailing Address/Principal Place of	Business		Descripti	on of Can	tribution				
Enter Grand Total of Part G o	n Schedule II	In-Kind Contribu	itions Da	etailed		PAGE TOTAL			
Summary Page, Section 3.						\$ Ø			
SEB-502 (7-99)	•								

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting		
Friends of Jason Salus				From <u>[[</u>	19411	5 TO 12/31/15
To Whom Paid 300 attention			MO.	DAY	YEAR	Amount
Mailing Address		······································	Description	on of Expe	nditure	\$
			1			
City	State	Zip Code (Plus 4)				
		_	ŀ			
To Whom Paid			MO.	DAY	YEAR	Amount
BMDGET UAFFERTY Mailing Address			/ユ Descripti	on of Expe	/ S inditure	\$ 73.97
City	State	Zip Code (Plus 4)				
		<u>-</u>				
To Whom Paid			MO.	DAY	YEAR	Amount 93.9/
BADGET CAFFERTY Mailing Address			Description	スス on of Expe	nditure	\$ 73.71
,						
City	State	Zip Code (Plus 4)	1			
		_				
To Whom Paid	NK	Draw	MO.	DAY	YEAR	Amount 50,00
FRIENDS OF MADFIE!	100	O CHI	Description	27	nditure	\$ 0,00,00
warning Addicas				or map		
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid	~· ,		MO.	DAY	YEAR	Amount
BRIDGET LAFFER	11		/2	28 on of Expe	/S	\$ 73-07
maining Address	1		Description	Di Oi Expe	ortare	
City	State	Zip Code (Plus 4)				······································
		_				
To Whom Paid			MÖ.	DAY -	YEAR	Amount \$ 2,471.39
Mailing Address			12 Description	3) on of Expe	15	\$ 0,9 11.39
maining Additions						NT-SWEARINGIN
City	State	Zip Code (Plus 4)	_			
		-	OFI	-5, ME	ALS,	OFC HOLIDAY PAG
To Whom Paid			. Mo.	DAY	YEAR	Amount
Mailing Addraga			Descript:	on of Expe	nditura	\$
Mailing Address			Pescubit	ON OI EXP	manuf V	
City	State	Zip Code (Plus 4)				
To Whom Paid			MQ.	DAY	YE AR	Amount
Mailing Address		····	Descripti	on of Exp	anditura	\$
matting Hodiess			Jul 2011 pt	VI EAD	,	
City	State	Zip Code (Plus 4)				
		_	<u> </u>			
						PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1,	Report Cover P	age, Ite	m D.		\$ 2,962.34

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

PAGE _____OF ____

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Friends of Jason Salv	o		Reporting		5 TO 12/3/15	
				नायम्	2 10 12(3(1)5	
Name of Creditor Lise Salus					Outstanding Balance of	Det
Mailing Address 2059 Wisteria Lane	DATE DEBT	MO.	DAY	YEAR	\$ 8506-	
0 0	INCURRED	State	Zip Cod	10 e (Plus 4)		
La tayette Will Description of Debt		PA	19444	<u> </u>		3 2
Loan to Campaign						
Mailing Address					Outstanding Balance of	Deb
2059 Wiston's Love	DATE DEBT INCURRED	мо. Ц	DAY	YEAR		1 10 1 10
La fay ette Hill	INCORRED	State	Zip Code	<u>ිට (</u> e (Plus 4)	-	
Description of Debt		PA	19444		3)
Logn to Campaign						
Mailing Address	· · · · · · · · · · · · · · · · · · ·				Outstanding Balance of	Deb
	DATE DEBT INCURRED	мо.	DAY	YEAR		
City		State	Zip Code	(Plus 4)	1	
Description of Debt						V
Name of Creditor					Outstanding Balance of	Deb
Mailing Address	DATE			·	\$	
Sity	DEBT INCURRED	MO	DAY	YEAR		
		State	Zip Code	(Plus 4)		
Description of Debt		 _1				
lame of Creditor					Outstanding Balance of	Debt
Mailing Address	DATE	мо.	DAY	YEAR	\$	
Hty	DEBT INCURRED	State	Zip Code			
		31818	- Zip Code	(FIUS 4)		
escription of Debt			,			
ame of Creditor					Outstanding Balance of	Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$	
ity	INCURRED	State	Zip Code	(Plus 4)		
escription of Debt						
						ļ
nter Grand Total of Unnoid Dabte on Dan-	Parant One	D ·		. <u>. </u>	PAGE TOTAL	
inter Grand Total of Unpaid Debts on Page 1, I	neport Cover	Page, it	em G.	ı	\$ 4,000	_

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Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE) (NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification			**	Repo	rt b			1.			2.			3.
Number:				Filed			CANDIDATE		COMM	ITTEE	LOBBYIST			
Name of Filing Comm	ittee, Candidate or L	.obbyist:												
Street Address:														
City:			32411			Т	State:		Zip Cor					
]					-			
TYPE OF	STH TUESDAY	1.	2ND FRIDA		2.		DAY	3.	AMEND		YES		NO	
REPORT	OTH TUESDAY	4.	PRE-PRIMA 2ND FRIDA	Y	5.		ST PRIMARY DAY	6.	TERMIN					-
(place X to the right of	PRE-ELECTION ANNUAL	7.	PRE-ELECT YEAR	ION			ST ELECTION		REPORT		YES		NO	
report type)	REPORT	<u> </u>				()	CHECK ONE		PAPI	ER .		DISK	ETTE	
Name of Office Sough	nt by Candidate:						ATE OF ELEC		District Number	Office		Party Code		unty ode
						M	D. DAY YI	EAR			- }			
										(SEE IN	STRUC	TIONS	FOR C	ODES)
MO. DAY YEAR						M	D. DAY YE	EAR .	F	OR OF	ICE L	ISE O	NLY	
Summary of Receipts and Expenditures from:					То					_ 6	-	<u> </u>	77	
A. Amount Brought Forward From Last Report					\$						<u> </u>	7	R	
B. Total Monetary Contributions and Receipts (From Schedule I)				\$				esso – m						
C. Total Funds Available (Sum of Lines A and B)				\$					S2,	77 	P	\leq		
D. Total Expenditur	es (From Schedule	e III)			1 PM ••									
E. Ending Cash Bala	ince (Subtract Line	D from	m Line C)		\$ 0 ⁴									
F. Value of In-Kind	Contributions Re	ceived	(From Schedu	ule II)	\$									
G. Unpaid Debts and	d Obligations (From	n Sched	dule IV)		\$									
		<u>-</u>	Α	FFIDA	VIT SE	CTIO	N							ا انتکا
PART I - If this is			asurer sign h	vere. I	lf this	is a (Candidate rep					-		
I swear (or affirm) the correct and complete.	et this report, includi	ng the a	ttached schedu	les, on	paper o	rcom	puter diskette, a	re to th	e best of	my know	vledge	and be	lief tro	18,
Sworn to and subscri	bed before me this													ľ
day of			20_] .									
					Signature of Person Submitting Report									
	Signature	-			Printed Name									— j
My commission expir	MO.	DAY	YR.											
			, n.				Area Code		Da	ytime T	elephon	e Numi	oer	
PART II - If this is	a report of a Ca	ndidate	's Authorize	d Com	mittee	, can	didate shall sig	n here),					
I swear (or affirm) tha (P.L. 1333, No. 320) as	t to the best of my	knowledg	ge and belief t	his poli	itical co	mmitt	ee has not viols	sted any	provision	s of the	Act o	f June	3, 1937	,
Sworn to and subscri	bed before me this						1	/	n					ı
day of			20		}		In Eve	i le	h					
<u> </u>					11				re of Can	didate		· · · ·		-
	Signature	·			7		VAJON E	ンんい Pr	inted Nam	υ <u>ς</u> 18				_
My commission expir					1 .	7	67	·-	inted Nam	80	40			
	MO.	DAY	YR.				Area Code			ytime To		e Numt	190	_ [

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