PAGE 1 OF _

(COVER PAGE)

CAMPAIGN FINANCE REPORT

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

				T-		•			,					
Filer Identification Number: Name of Filing Committee, Candidate or Lobbyist:							CANDIDA	TE '	COMM	TTEE	Ύ	LOBE	YIST	3,
_	ittee, Candidate or Lo	bbyist:	Jason S	Sale	S									
Street Address:	-		(*CD# 11 C	<u> </u>										
City:	0 Box 12	17	, , , , , , , , , , , , , , , , , , ,				State:		Zip Cod	e:				
N_{c}	nuote mo						PA		194		-	-		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID. PRE-PRIM		2.		DAY ST PRIMAR	y 3.	AMENON REPORT?		YES		NO	X
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRID		5.		DAY ST ELECTIO	6. N	TERMINA REPORT?		YES		NO	X
the right of report type)	ANNUAL REPORT	7. Y	YEAR	201	5		NG METHO		PAPE	R	K	DISK	ETTE	
Name of Office Sough	nt by Candidate:						ATE OF E	LECTION	District Number	Office Code		Party Code		unty
Monteamon.	County Treas	uses				M	O. DAY	YEAR	Number	Code		Code	"	ode
1,1016120111116	(,,000						11 3 2015			(SEE IN	STRUC	TIONS	FOR C	ODES)
	_	MO.	DAY Y	EAR		M	D. DAY	YEAR	F	OR OF	FICE (JSE O	NLY	
Summary of Re and Expenditure		11		615	То	12		2015			۴	.		
A. Amount Brought Forward From Last Report \$ 37,362.33							<	-	<u></u>					
A. Amount Brought Forward From Last Report \$ 97,369.93 B. Total Monetary Contributions and Receipts (From Schedule I) \$ 4,325.00														
C. Total Funds Available (Sum of Lines A and B) \$ 31,687.23														
D. Total Expenditures (From Schedule III) \$					Q	942 .	34		ERV CO	i i	(12m)	<		
E. Ending Cash Balance (Subtract Line D from Line C) \$				98	124.	89		ಾರ	-11	ଅଛ ୦୦୯				
F. Value of In-Kind Contributions Received (From Schedule II) \$					Ø			≫m		<u>ن</u> کر)			
G. Unpaid Debts and Obligations (From Schedule IV) \$ 4				4,0	00					ζ,	Y			
AFFIDAVIT SECTION														
PART I - If this is	a Committee rep	ort, tre						report, ca	ndidate s	ign her	θ.			
I swear (or affirm) the correct and complete.	at this raport, includi	ng the a	ttached sched	lules, on	paper o	or com	puter disket	te, are to t	he best of	my kno	wiedge	and be	alief tr	ue,
Sworn to and subscri						1	1	a	,					
	January		20	طا ِ)	10	Jaine	245wr	Person Su					
Set					Į		Maur	e Bun	(Telson 31	iom (ting	Repor	t		
M ii	COMMONS	EARTH C	DE PENNSYLV	/ANIA	-	1	4.60	F	Printed Nam	ne 1 a - C	37 e	$\overline{}$		
My commission expi	163	eactricine ondertres	i Seel I, Notary Publ		J		Ares Code			ytime T	elepho	ne Num	ber	
	My Commi													
PART II - If this is													3 103	-
(P.L. 1333, No. 320) as	s amended.			,		•	too nos not	*1018(25 \$11	, provisio	13 OF (III	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or Julie	3, 133	' J
Sworn to and subscr					1	,	h.	Gua						I
O. A	January		20	_الم		7	pin	Signat	ture of Car	i ididate			· <u>.</u>	-
) the	Signature.	w		T.A.	}	1	JASO	U EVA	~ 5AL	.U5				_ [
My commission expi		otariai Se	al			26			6 L	5-80	40			[
	PSOKunthea '	IDIO I IVII		- -	,		Area Code		De	ytime T	elepho	ne Num	ber	
	My Commissio	n Expires NIA ASSOC	Oct. 27, 2017	STES .	_									

Department of State

Bureau of Commissions, Elections and Legislation

210 North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

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

1. UNITEMIZED	CONTRIBUTIONS AND RECEIPTS -	\$50.00 OR LESS P	PER CONT	RIBUTOR	
	TOTAL for the	Reporting Period	(1)	\$ 25.	ري

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	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)	\$ 2350,∞

4. OTHER RECEIPTS -	REFUNDS, INTEREST EARNED	, RETURNED CHECKS,	ETC.	(FROM	PART E)
	TOTAL for the	Reporting Period	(4)	\$ Ø	

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	\$ 42000
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	4 ,305, °

PART A

AGE	C)F
		

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				Reporting	Period	, ,
Friends of Jason Sal	<u>کی</u>			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	\$
City	State	Zip Code (Plus 4)	MG.	DAY	YEAR	\$
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Ĉiŧy	State	Zip Code (Pius 4)	Mo.	DAY	YEAR	\$
Full Name of Contributing Committee	·		Mo.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	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	\$
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			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			MO.	DAY	YEAR	\$
Mailing Address City	1 Fanta	7- A-d- 10211- A	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Sched	dule 1	, Detailed Summary	y Page,	, Sectio	п 2.	PAGE TOTAL \$

PART B

ALL OTHER CONTRIBUTIONS

PAGE____OF___

\$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	0 1		R	Reporting	Period	- :2/2//
Friends of Jason S	<u>20102</u>				74777	15 TO 12/81/15
Full Name of Contributor		-	MO.	DATE	YEAR	AMOUNT
Mailing Address	<u>ache</u>	<u>d</u>				\$
Mailing Address	-		MO.	DAY	YEAR	\$
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)		1		\$
		Zip Code (1.05 t)	MO.	DAY	YEAR	\$
Full Name of Contributor		<u> </u>	MO.	DAY	YEAR	
Mailing Address						\$
Mailing Address			MO.	DAY	YEAR	\$
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	3
				<u> </u>	YEAR	\$
Mailing Address	-		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1 10	244	- TOTAL	ļ "
		1	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Malling Address			MO.	DAY	YEAR	\$
-			MIG.	PA	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	لــــــــــــــــــــــــــــــــــــــ		لييل			\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		мо.	DAY	YEAR	
City	State	Zip Code (Plus 4)	1	1		\$
			Mo.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
					•	PAGE TOTAL
Enter Grand Total of Part B on Sch	hedule i,	Detailed Summary	y Page,	Section	n 2. 🏌	\$ 1950 -

OSEB-502 (7-99)

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	12/19/2015	\$100.00
Matthew M Garber	97 Byers Road	Ottsville	PA	18942	12/19/2015	\$200.00
Kenneth E Heydt	27 Tice Lane	Perkasie	PA	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	ΡA	19095	12/19/2015	\$200.00
Bruce Foulke	PO Box 768	Worcester	ΡĄ	19490	19490 12/19/2015	\$150.00
Peter Cianci	325 E 11th Avenue	Conshohocken	PA	19428	12/19/2015	\$100.00
Jay M Lankford	114 Weybridge Dr	Malvern	PA	19355	12/19/2015	\$250.00
Elizabeth A Moy	39 Viburnum Court	Lafayette Hill	PA	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
						ì
						:
		-				

PART C

OF	
	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.

- \(\)	. .		į'	Keporting	Period	1 ,
Friends of Jason S	Salu)S		From <u>/</u>	ıla4114	5_ TO 12/31/15
				DATE		AMOUNT
Full Name of Contributing Committee See attacked	\		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City St	tate [Zip Code (Plus 4)	1	5.00		\$
		And the second second second second	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City		2: 6: 1: 161 1				\$
Sta	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	-		MO.	DAY	YEAR	3
					1.2.7.1.	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Full Name of Contributing Committee		<u> </u>	MO.	DAY	YEAR	
Mailing Address					,	\$
morning Address			MO.	DAY	YEAR	\$
City	ate	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	1 . P. V.	V5.45	*
<u> </u>			MU.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		_				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	ote	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	ste	Zip Code (Plus 4)	Mo.	DAY	YEAR	
					. = 2.117	\$
						PAGE TOTAL
Enter Grand Total of Part C on Schedule	e 1, C	etailed Summary	Page,	Section	3.	\$ 1 2 50.00

DSEB-502 (7-99)

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

NAME	ADDRESS	CITY	STATE	diZ	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	PA	19103	19103 12/19/2015	\$250.00
Commonwealth Heritage PAC	925 Harvest Drive Suite300	Blue Bell	PA	19422	19422 12/19/2015	\$500.00
				į		

\$1,250.00

ALL OTHER CONTRIBUTIONS

PAGE _____ OF ____

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.)

Friends of Jason Salus	From 11/24/15 To 12/31/15						
	DATE		AMOUNT				
Full Name of Contributor Seth Q P es Mo. Mo. Mo. Mo. Mo. Mo.	DAY QQ	YEAR	\$ 500				
459 BOX ELDER LN	DAY	YEAR	\$				
CAFAMETTE HILL PA 19444-	DAY	YEAR	\$				
Employer Name Occupe MORICAGE MUESTMENTS LLC Employer Mailing Address/Principal Place of Business	AL ES	TATE	•				
Employer Mailing Address/Principal Place of Business P.O. BOX 603, LAFRIJETTE HILL, PA 19444							
MO:		YEAR	\$ 200 =				
Thomas Watkins Mailing Address Mo.		15 YEAR	* 300				
749 EASTON RD City State Zip Code (Plus 4) MO.	DAY	YEAR	•				
WARRINGTON PR 18976-			\$				
	NGING	ER_					
949 ERSTON RD, WARRINGTON, PA 18176							
Full Name of Contributor Allen Mason Mailing Address Mo.		YEAR	\$ 300.				
Mailing Address 127 Chatham Place State Zip Code (Plus 4) Mo.	DAY	YEAR	\$				
City Lansdale Pa 1944L - Employer Name Occup.	DAY	YEAR	\$				
	nion Vic	o Pres	ident				
Emplayer Mailing Address Principal Place of Business 949 Easter Rd Warrington PA 18976							
Full Name of Contributor	DAY	YEAR	\$				
Mailing Address MO.	DAY	YEAR	\$				
City State Zip Code (Plus 4) MO.	DAY	YEAR	\$				
Employer Name · Occup	ation						
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor MO.	DAY	YEAR	\$				
Mailing Address MQ.	DAY	YEAR	\$				
City State Zip Code (Plus 4) MO.	DAY	YEAR	\$				
Employer Name Occup	ation						
Employer Mailing Address/Principal Place of Business							
			PAGE TOTAL				
Enter Grand Total of Part D on Schedule I, Detailed Summary Page DSEB-502 (7-99)	e, Section	п 3.	\$ 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 11/8		To 12/31/15
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S			
TOTAL for the Reporting Period		S PE	R CONTRIBUTOR
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	A PART	
TOTAL for the Reporting Period		\$	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G)	
TOTAL for the Reporting Period	d (3)	\$	· · · · · · · · · · · · · · · · · · ·
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.)		\$	X

PAGE _____ OF ____

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Reporting Period					
Friends of Jason Salus			From _	115671	5 TO 12/31/15		
			DAT⊆		AMOUNT		
Full Name of Contributor		MO.	DAY	YEAR	\$		
Mailing Address		MO.	DAY	YEAR	\$		
City State 2	ip Code (Plus 4)				\$		
, 31010		MO.	DAY	YEAR	\$		
Employer of Contributor		Occupati	on				
Employer Mailing Address/Principal Place of Business		Descripti	on of Cor	ntribution			
Full Name of Contributor		MO.	DAY	YEAR	\$		
Mailing Address		Mo.	DAY	YEAR			
City State Z	ip Code (Plus 4)	100	5.00		\$		
State		MO.	DAY	YEAR	\$		
Employer of Contributor	Occupation						
Employer Mailing Address/Principal Place of Business	Description of Contribution						
			i i				
Full Name of Contributor		MO.	DAY	YEAR	\$		
Mailing Address		MO.	DAY	YEAR			
City State Z	ip Code (Plus 4)	MO.	547	V# 45	\$		
Sinte 2	- (Pids 4)	MU.	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 Z	ip Code (Plus 4)				\$		
		MO.	DAY	YEAR	\$		
Employer of Contributor		Occupation					
Employer Mailing Address/Principal Place of Business		Description of Contribution					
Full Name of Contributor	100.00	MO.	DAY	PAR	\$		
Mailing Address		MO.	DAY	YEAR	A		
City State Z	ip Code (Plus 4)	MO.	DAY	YEAR	\$		
	_			I LAR	\$		
Employer of Contributor	-	Occupation	n				
Employer Malling Address/Principal Place of Business		Description	on of Con	tribution			
					In or your		
Enter Grand Total of Part G on Schedule II, In-	Kind Contribut	ions De	tailed	!	PAGE TOTAL		
Summary Page, Section 3.					\$ Ø		

PAGE ____OF ___

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting	Period	
						5 TO 12/31/15
Friends of Jason Salus					* \	
					, , , , , , , , , , , , , , , , , , , 	
To Whom Paid		ļ	MO.	DAY	YEAR	Amount &
Mailing Address			Descripti	on of Exp	enditure	\$
Maring Address		ļ	D000	On 0,	Birdita.	
City	State	Zip Code (Plus 4)				
!	1 1	_ '				
To Whom Paid	نسب		1	~	Town Albert	Amount
BRIDGET WAFFERTY		ļ	12	DAY	/ S	\$ 73.97
Mailing Address				an of Expe		3 / 3 / /
1		ļ		u		
City	State	Zip Code (Plus 4)	 		,	
!	1 1					
To Whom Paid			MO.	DAY	YEAR	Amount O = O 1
BADGET CAFFERTY		ļ	72	22	/5	\$ 93.91
Mailing Address			Descripti	on of Expe	enditure	D / -
,		ļ				
City	State	Zip Code (Plus 4)	 			
!	1 1	(- '				
To Whom Paid	<u></u>	<u> </u>	MO.	DAY	YEAR	Amount
FRIENDS OF MADEIEL	INE	DEAN	72	27	177	\$ 250, no
Mailing Address	/	- 7 4 1		on of Expe	enditure	4
		†		-		
City	State	Zip Code (Plus 4)	 			
!	1^{-}	· - '				
To Whom Paid			MO.	DAY	YEAR	Amount
BRIDGET LAFFERT	TU	Ţ	/2	28	/S	\$ 73-07
Mailing Address	/			on of Expe		3 / / - /
		, , , , , , , , , , , , , , , , , , ,		4	bc	
City	State	Zip Code (Plus 4)	 			<u></u>
!	1^{-}	- '	l			
To Whom Paid ,			140	240	UPAB	Amariat
JASON SAWS		!	MO.	DAY 3	YEAR	Amount \$ 2,471.39
Mailing Address			Descripti	on of Expe	enditure	3 07 / (/ ~)
		!				NT- SWEARINGIN
City	State	Zip Code (Plus 4)				
!	1 - 1	l	GIFT	-5 ME	CALS.	OFC HOLIDAY PAG
To Whom Paid			MO.		YEAR	Amount
TO WHOM TOWN		!	M.U.	DAY	TEAR	\$
Mailing Address			Description	on of Expe	enditure	<u> </u>
		,	-	- .	*****	
City	State	Zip Code (Plus 4)	 		,	
!	1 - 1					
To Whom Paid			MO.	DAY	YE AR	Amount
10 111011 1 3.2			mų.	<u> </u>	78 30	\$
Mailing Address			Descripti	on of Expe	enditura	
						1
City	State	Zip Code (Plus 4)				
	1 I	- !				
			<u> </u>			PAGE TOTAL
Title County Total of Eymanditunes on Day	4	" Ca D	14-			\$ 2962 RY
Enter Grand Total of Expenditures on Pag	4e 1. 7	Report Cover Pr	age, ite	m D.		\$ 7 768 34 1

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		F	Reporting	Period	
Friends of Jason Salus			From 1	1/24/19	5 To 12/3/15
Name of Creditor Lise Salus					Outstanding Balance of Debt
Mailing Address	DATE		,	1:	s 9506.
0059 Wisteria Lane	DEBT	MO.	- DAY	YEAR	
City		State	Zip Code		
La tayette Will Description of Debt		PAI	9444 -	·	
Logn to Campaign					
Name of Creditor					Outstanding Balance of Dobt
Jason Selvs					Outstanding Balance of Debt \$ 1500
Mailing Address 2059 Wisteric Lane	DATE DEBT	MO.	DAY	YEAR	
City Clay	INCURRED	State	Zip Code	(Plus 4)	
La fay ette Hill		100.0	19444 -		
Description of Debt					La companya di santa
Logn to Campaign					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	3
	DEBT INCURRED				"
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	1 1 1 1 1		T	\$
	DEBT	MO.	DAY	YEAR	
City	1 (1,00111)	State	Zip Code	(Plus 4)	
Description of Debt	-			······································	
-					
Name of Creditor	 ·	-			Outstanding Balance of Debt
Mailing Address				,	\$
matting Address	DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
		1 1	_		
Description of Debt		1 1			
		l			
Nama of Creditor					Outstanding Palence of Data
	DATE	Mo.	DAY	YEAR	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED				
	DEBT		DAY Zip Code		
Mailing Address	DEBT				
Mailing Address	DEBT				
Mailing Address	DEST INCURRED	State	Zip Code —		Outstanding Balance of Debt \$ PAGE TOTAL

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CAMPAIGN FINANCE REPORT

PAGE	1	OF		
			COVER	DACE)

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

Filer Identification	n N			Перо	rt b				1.	I I	O'LOK II	2.			3.
Number:				Filed			CANDI	DATE	<u> </u>	COMM	IITTEE		LOB	BYIST	
Name of Filing Comm	hittee, Candidate or i	Lobbyist:													
Street Address:		· · · · · · · · · · · · · · · · · · ·				<u> </u>									
City:						S	tate:	·		Zip Cod	ie:				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRE-PRIMA		2.	30 D POST	AY PRIM/	\RY	3.	AMENDA REPORTA		YES		NO	
(place X to	6TH TUESDAY PRE-ELECTION	4,	2ND FRIDA PRE-ELECT		5.	30 D POST	AY .	ION	6.	TERMINA REPORT		YES		NO	
the right of report type)	ANNUAL REPORT	7.	YEAR				MET			PAPE	R		DISK	ETTE	
Name of Office Sough	ht by Candidate:	'				DA	TE OF	ELEC	TION	District Number	Offic Code		Party Code		unty ode
						MO.	DAY	YI	EAR	, voitiber	0006		CBGE	"	ode
											(SEE IN	ISTRUC	TIONS	FOR C	ODES)
_		MO.	DAY YE	AR		MO.	DAY		AR	F	OR OF	FICE A	ISE O	NLY	
Summary of Re and Expenditur	eceipts es from:				То	<u></u>	100.		AK		≤		31		
A. Amount Brought	MOTOR FEB							沼							
B. Total Monetary Contributions and Receipts (From Schedule I)										글었고 그 유					
C. Total Funds Ava					\$ CO. P.								말	7	
D. Total Expenditures (From Schedule III)					PRE SID										
E. Ending Cash Balance (Subtract Line D from Line C)					PM 3: 04 RVICES CO. PA										
F. Value of In-Kind	d Contributions Re	ceived (From Sched	ule II)	s										
G. Unpaid Debts an	d Obligations (Fro	m Sched	iule IV)		\$										
				AFFIDA	VIT SE	CTION									
PART I - If this is	a Committee re	port, trea					ndidat	e rep	ort, ca	ndidate s	ign her	e.		4 ,	
I swear (or affirm) the correct and complete.	at this report, includ	ing the at	ttached schedu	iles, on	paper o	r compu	ter disk	ette, a	re to th	e best of	my kno	wiedge	and be	alief tr	ue,
Sworn to and subscri	ibad before me this														
day of			20] .										_
					l			Signa	iture of	Person Sc	ıbmittinç	Repor	t		
	Signature	·							P	rinted Nan	ne				-
My commission expi	res MO.	DAY	YR.		Area Code Daytime Telephone Number								-		
PART II - If this is	t a report of a fi	andid-+-	'a Authorica	A C			det - ·								
I swear (or affirm) the	at to the best of my										s of the	Act o	of June	3, 193	
(P.L. 1333, No. 320) as Sworn to and subscri	s amended.					1				2				.,	
day of			20		1	K	in	Evo	r de	h					
			20		1 1		<u> </u>		Signati	ure of Can	didate				
	Signature				} -		450.	<i>√ E</i>	VAN	SAL rinted Nem	U5				
My commission expi	res					76	7		_	6 2-6	3 -8c	140			
	Mo.	DAY	YR.		, -	A	rea Cod	e	_		ytime T		ne Num	ber	- 1

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