

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: 2014049		Report Filed By: [Signature]		CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: Friends of Jason Salus									
Street Address: PO Box 1214									
City: Norristown				State: PA	Zip Code: 19404				
TYPE OF REPORT <small>(place X to the right of report type)</small>	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR	2016		FILING METHOD () CHECK ONE	PAPER	<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate: Montgomery County Treasurer				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR			
				11	8	2016		DEM	46
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	11	29	2016		12	31	2016
A. Amount Brought Forward From Last Report				\$	33,722.53		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	5,000.-		
C. Total Funds Available (Sum of Lines A and B)				\$	38,722.53		
D. Total Expenditures (From Schedule III)				\$	2,398.82		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	36,323.71		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	0		

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NOTES SERVICES

NOTES SERVICES

NOTES SERVICES

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this **30th** day of **January**, 2017.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
THOMAS JOSEPH KOHLER, Notary Public
 Merion Twp., Montgomery County
 My commission expires **8/5/17** August 5, 2017

Signature of Person Submitting Report: **Maura Buri**
 Printed Name: **Maura Buri**
 Area Code: **412** Daytime Telephone Number: **476-9787**

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 **30th** day of **January**, 2017.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
THOMAS JOSEPH KOHLER, Notary Public
 Merion Twp., Montgomery County
 My commission expires **8/5/17** August 5, 2017

Signature of Candidate: **Jason C. Salus**
 Printed Name: **Jason C. Salus**
 Area Code: **484** Daytime Telephone Number: **626-8040**

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Jason Salas</i>	Reporting Period From <i>11/29/14</i> To <i>12/31/14</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$ <i>0</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>5,000.00</i>
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$ <i>5,000.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <small>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</small>	\$ <i>5,000.00</i>
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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 <i>Friends of Jason Salas</i>	Reporting Period From <i>11/29/16</i> To <i>12/31/16</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Food Drivers Bakers and Dairy's Ice Cream Workers Local 463PAC</i>				\$ <i>5,000.00</i>
Mailing Address <i>1375 Virginia Drive Suite 203</i>				\$
City <i>Ft Washington</i> State <i>PA</i> Zip Code (Plus 4) <i>19034 -</i>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

PAGE TOTAL \$ <i>5,000.00</i>

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

