

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 <b>Jason E Selus</b>							
STREET ADDRESS <b>2059 Wisteria Lane</b>							
CITY <b>Lafayette Hill</b>			STATE <b>PA</b>	ZIP CODE <b>19444</b>			
TYPE OF REPORT (CHECK ONE)  6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <b>Montgomery County Treasurer</b>		DISTRICT NO.	PARTY <b>DEM</b>	DATE OF ELECTION		
					MO.	DAY	YEAR
					<b>5</b>	<b>14</b>	<b>2017</b>
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY		
	MO. DAY YEAR		MO. DAY YEAR		RECEIVED COUNTY OF MONTGOMERY 10/10/17 10:20 AM		
	<b>1 1 17</b>		<b>5 1 17</b>				
	CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0</u>				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0</u>					
AMENDMENT REPORT?		YES	NO				
			<input checked="" type="checkbox"/>				
TERMINATION REPORT?		YES	NO				
			<input checked="" type="checkbox"/>				

**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 9<sup>th</sup> DAY OF May 2017

**COMMONWEALTH OF PENNSYLVANIA**  
 NOTARIAL SEAL  
**THOMAS JOSEPH KOHLER**, Notary Public  
 SIGNATURE Merion Twp., Montgomery County  
 My Commission Expires August 5, 2017

SIGNATURE OF PERSON SUBMITTING REPORT  
*Jason E. Selus*  
**JASON E. SELUS**  
 PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER  
 267 626-8040

**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

MY COMMISSION EXPIRES MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME