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	Report Filed By:	GANDIDATE 1.	GONARTEE!	2. LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist:				
Stroot Address: Friends of Jason Salu	3			<u> </u>
PO BOY 1214				
MOCUSTOWN		State:	Zip Code: 19404	_
TYPE OF REPORT		90 DAY	AMENDALES EN	
PROPERTY OF THE PARTY OF THE PA	5.	50 pAyeur 122 6.	STEEL BASET. TE	
the right of	F	FORESTECTION STATES		
Name of Office Sought by Candidate:		DATE OF ELECTION		
Montgoman County Treasurer	5466	11 7 2017		DEM 4L
		1 1 1 4 5 1 1		STRUCTIONS FOR CODES
Summary of Receipts and Expenditures from:		MO. DAY SYLAND 12 31 2017		Marie Parameter And Control of the C
A. Amount Brought Forward From Last Report	\$ 100	1,863,00	**.i.	2019 FEB
B. Total Monetary Contributions and Receipts (From Sche		00,00		E
C. Total Funds Available (Sum of Lines A and B)	1	1043.00		
D. Total Expenditures (From Schedule III)		05.48		P P
E. Ending Cash Balance (Subtract Line D from Line C)		, 757.52		PH 2:
F. Value of In-Kind Contributions Received (From Schede				5
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 3,	146,79		
	FFIDAVIT SECT			
CARRIE - A IND. CARRIE CONTROL			23. 24. 24. 24. 24. 24. 24. 24. 24. 24. 24	WELLING PENDOYEVAN
I swear (or affirm) that this report, including the attached schedu correct and complete.	les, on paper or co	omputer diskette, are to	J	OTARIAL SEAL"
Sworn to and subscribed before me this	10	1/2	Conshohoo	Lewis, Notary Public ken Boro, Montgomery County
20 day of January 20	18] 4	A CUUL DU Signature	My commisof Person Submitting	ssion expires September 20, 202
Dann Denes	ͿͺϪ	laura Bu	<u> </u>	Перегу
My commission expires $\frac{\text{Signature}}{202021}$	_	LOID	Printed Name 476-97	187
MC, 'DAY YR.	J	Area Code	Daytime Te	slephone Number
Market - The Property of the confidence of the C	d Committee			
I swear (or affirm) that to the best of my knowledge and belief t (P.L. 1333, No. 320) as amended.	his political comm	ittee has not violated a	ny p <mark>GOMMONWE</mark> ATE	IN OF PENNSY LVANZA
Sworn to and subscribed before me this	<u>_</u>	L 500	Į NOTA	RIAL SEAL s, Notary Public
30 day of January 20_	18	proce		70. Montgomery County
Dann Lewis		ason E. S	2 US	pires September 20, 202
My commission expires Signature 1/20/21 MO. DAY YR.	_]	Area Code	Printed Name	OYO

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 Friends of Toron Calus	Reporting Per From 11/10	riod 18/17 To 12/31/17
ELINERALIZED CONTRIBUTIONS AND RECEIPTS = \$50.00 OF TESS	EPERECON!	
TOTAL for the Reporting Period	d (1)	\$
		,
SONS VIBRORIONS SECTIONS SECTIONS SECTION SECTION OF A SE	B)	
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ 200.0
TOTAL for the Reporting Period	1 (2)	\$ 200,0
STANDER OF STANDER SERVICE STANDER STA		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	i (3)	\$
		h
	चले (८ है। चर्	
TOTAL for the Reporting Period	(4)	s
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 Cover Page, Item B.)		\$ 2 00.60

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.)

Traine of Filing Committee of Candidate			- ' '	Reporting		
Friends of Tason S	alo	9.		From 📗	1128/1	<u>п то 12/31/17</u>
				DATE		AMOUNT
Full Name of Contributor			SE MOSE		YEAR	
Mailing Address			MO.	129	YEAR	\$ 200.00
1118 Arboretum Pol.				T-UATE	- 1. L	* \$
Lity ,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
Muncote	DA	19095-				\$
Full Name of Contributor			*** MO	DAY	YEAR	* \$
Mailing Address			0227 M. C -80	DAY	E V DA DE	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	1
		_				\$
Full Name of Contributor	,		MO	DAY	YEAR	\$
Mailing Address				E DAY:		.]
				DATE	EXEARS	\$
City	State	Zip Code (Plus 4)	MOM	POAY	#¥YEAR#	
						\$
Full Name of Contributor			MO.	S. DAYA	#YEAR#	\$
Mailing Address			EREMONS.	DAY	VEAR	_I
						\$
City	State	Zip Code (Plus 4)	# MO:	DAY	YEAR	
						\$
Full Name of Contributor			= MO==	DE DAY	MYEAR	\$
Mailing Address			MOSS	O DAYSE	YFER	
						\$
City	State	Zip Code (Plus 4)	a MOVA	O DAY	YEAR	
		-				\$
Full Name of Contributor		•	MOST	DAY	YEAR	\$
Mailing Address			NO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	# OM	DAY	ESYEKTES	
		-				\$
Full Name of Contributor			- MO;e≤	DAY	YEAR	\$
Mailing Address			E MO	華 DAY#	"管YEA 外的	
						\$
City	State	Zip Code (Plus 4)	S MO	DAY.	SYEARS	
Full Name of Contributor		-		verme she tivile sentre	ranger and a	\$
Full Name of Contributor			==MOI	DAYE	#YEAR#	s
Meiling Address			MO	DAY	YEAR	
Pio.						\$
City	State	Zip Code (Plus 4)	- мо.	- DAY	YEARS	¢
		-				\$
Enter Grand Total of Book B B		Datally 6.5	_			PAGE TOTAL
Enter Grand Total of Part B on Sched	uie i,	petalled Summary	y Page,	Section	1 2.	\$ 200,W

AGE	 OF	
~~~	 O,	

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting	Period	
Friends of Jason Salv	9.			From _	11/28/1	12/31/17
	<del>``````</del>					
To Whom Paid See attached			MO.	DAY	FYEAR	Amount \$
Meiling Address	Descrip	ion of Exp	enditure	<u> </u>		
City	State	Zip Code (Plus 4)			<del></del>	
To Whom Paid	<u> </u>		MO:	# DAY	YEAR	Amount \$
Mailing Address			Descript	lon of Exp	enditure	3
City	State	Zip Code (Plus 4)		<u></u>		, , , , , , , , , , , , , , , , , , ,
To Whom Paid			MOZ	DAY	EYEARE	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			<b>≜MO</b> ≒	ZZDAY_	EYEAR	
Mailing Address			Descript	ion of Exp	enditure	1.\$
City	State	Zip Code (Plus 4)			·	-
To Whom Paid			± Mosis	E DAY	AYEAR#	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid		18 - 1000-100	MO	©≝DXY <del>-</del>	EYEAHS	Amount \$
Mailing Address			Descript	ion of Expe	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			S MOS	E DAY	YEAR	
Mailing Address			Descript	ion of Expe	inditure	\$
City	State	Zip Code (Plus 4)				
To Whom Paid			200%	(単)の公寓	高yk •R靈	Amount \$
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Descript	ion of Expe	enditura	
City	State	Zip Code (Plus 4)				
						PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, f	Report Cover Pa	age, ito	em D.		\$ 1,305.48

# Friends of Jason Salus Expenditures

	<u> </u>	Τ		Γ	Τ	Γ.	Γ	Γ				Τ	Τ	T	Τ
DESCRIPTION	250.00 Contribution	180.48 Expense Reimbursement	125.00 Contribution	100.00 Contribution	100.00 Contribution	50.00 Contribution	250.00 Contribution	50.00 Contribution	100.00 Contribution	100.00 Contribution					
AMOUNT	250.00	180.48	125.00	100.00	100.00	50.00	250.00	20.00	100.00	100.00					
diZ	19046	19446		19406	19440		19490	19446	19038	19426					
STATE	PA	ΡĀ	PA	PA	PA	PA	₽.	PA	ΡĄ	PA					
CITY	Jenkintown	Lansdale		King of Prussia	Hatfield		Worcester	Lansdale	Glenside	Collegeville					
ADDRESS	356 Evergreen Road	804 Fulton Road		PO Box 60443	105 Cedar Hill Drive		PO Box 285	815 W Mount Vernon Street	211 Wayerly Road	3325 Stump Hall Road					
RECIPIENT	11/30/2017 Friends of Karen Geld Sanchez	12/5/2017 Bridget Lafferty	12/5/2017 Tom Wolf for Governor	Upper Merion Area Democratic Comm	Hatfield Democratic Committee	12/9/2017 Springfield Democrats	12/9/2017 Area 4 Democratic Committee	12/9/2017 Lansdale Democratic Committee	12/12/2017 Cheltenham Democrats	12/12/2017 Worcester Democrats					
DATE	11/30/2017	12/5/2017	12/5/2017	12/9/2017	12/9/2017	12/9/2017	12/9/2017	12/9/2017	12/12/2017	12/12/2017					

Total 1,305.48

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.

			Reportin	g Period		
Friends of Jaron Salus			From	11198	17 TO 12/31/	П
		·	·			
Name of Creditor Jason Salus					Outstanding Balance \$ 3,14(2,79	of Deb
2059 Wisteria Lane	DATE DEBT INCURRED	Mo:	DAY.	EYEAR		
Lafayette Hill		State	Zip Cod	e (Plus 4) —		
Description of Debt REIMBURSEMENTS-I						
Name of Creditor			<u> </u>		Outstanding Balance	of Deb
Mailing Address	DATE DEBT	≥ MO.	E PL DAY	YEAP		
City	INCURRED	State	Zip Code	Plus 4)		
Description of Debt	·					
Name of Creditor			·		Outstanding Balance of	of Deb
Mailing Address	DATE DEBT	a u oz	Epxys	YEAR	Ls	
City	INCURRED	State	Zip Code	(Plus 4)		
Description of Debt				<del></del>		
Name of Creditor			···		Outstanding Balance of	of Debi
					\$	J. DUD.
Mailing Address	DATE DEBT INCURRED	Mo.	E DAY	EYEAR		E ALS
City		State	Zip Code	(Plus 4)		
Description of Debt		-			20 relativistic de la milita de 1970 compara d	
Name of Creditor					Outstanding Balance o	of Debt
Mailing Address	DATE DEBT INCURRED	MO.f	HEDAYS	SYEAR W	San	
City		State	Zip Code	(Plus 4)		
Description of Debt			-			dependents.
Name of Creditor					Outstanding Balance o	f Debt
Mailing Address	DATE DEBT	±±M0)≅	EUX (2	<b>EVEAR</b>	LS	
City	INCURRED	State	Zip Code	(Plus 4)		
Description of Debt	<u> </u>					
					PAGE TOTAL	