

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if a candidate's 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 Eric Evans																							
STREET ADDRESS 1955 Butztown Rd																							
CITY Bethlehem			STATE PA		ZIP CODE 18017																		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY																
		Bethlehem City Council					Dem																
6TH TUESDAY PRE-PRIMARY		2ND FRIDAY PRE-PRIMARY		30 DAY POST-PRIMARY		6TH TUESDAY PRE-ELECTION		2ND FRIDAY PRE-ELECTION															
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>															
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>															
ANNUAL REPORT																							
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>															
		DATES OF REPORTING PERIOD						FOR OFFICE USE ONLY															
		<table border="1"> <tr> <th>MO</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>10</td> <td>24</td> <td>17</td> </tr> </table>		MO	DAY	YEAR	10	24	17	<table border="1"> <tr> <th>MO</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>27</td> <td>17</td> </tr> </table>		MO	DAY	YEAR	11	27	17						
MO	DAY	YEAR																					
10	24	17																					
MO	DAY	YEAR																					
11	27	17																					
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0																	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0																	
		AMENDMENT REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>																
		TERMINATION REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>																

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Ballot Question Candidate Committee, the Treasurer must also sign...

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: 264332274		Report Filed By: CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: Friends of Eric Evans								
Street Address: 1955 Butztown Rd								
City: Bethlehem				State: PA		Zip Code: 18017 -		
TYPE OF REPORT (place X to the right of report type)	1TH TUESDAY PRE-PRIMARY		2ND FRIDAY PRE-PRIMARY		30 DAY POST PRIMARY		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	4TH TUESDAY PRE-ELECTION		2ND FRIDAY PRE-ELECTION		30 DAY POST ELECTION		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	7. ANNUAL REPORT		YEAR		FILING METHOD () CHECK ONE		-PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: Bethlehem City Council				DATE OF ELECTION		District Number	Office Code	
				MO. 11	DAY 7	YEAR 17	Party Code Dem	
							County Code 48	
(SEE INSTRUCTIONS FOR CODES)								
Summary of Receipts and Expenditures from:		MO. DAY YEAR			MO. DAY YEAR			FOR-OFFICE USE ONLY
		10 24 17			11 27 17			
A. Amount Brought Forward From Last Report		\$ 9766.87						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 0						
C. Total Funds Available (Sum of Lines A and B)		\$ 9766.87						
D. Total Expenditures (From Schedule III)		\$ 4429.75						
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 5337.12						
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0						

AFFIDAVIT SECTION

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	264332274
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To Whom Paid		Joe Tucci T/A Tailgaters			Date [MM/DD/YYYY]	\$	200.00
House #	1313	Street Address	Center St.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Election night refreshments	

To Whom Paid		Bethlehem Business Forms			Date [MM/DD/YYYY]	\$	4229.75
House #		Street Address	PO Box 4250		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	2 mailers	

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			