

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

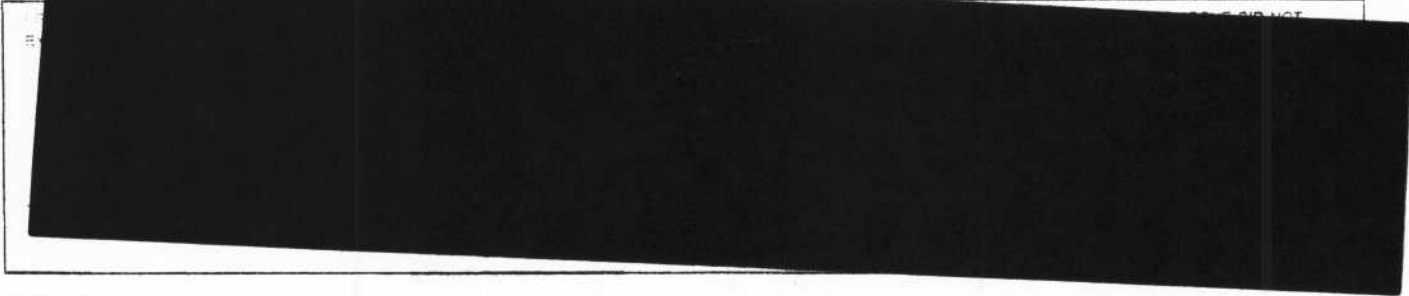
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	[REDACTED]		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 Road										
CITY Bethlehem				STATE PA		ZIP CODE 18017				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION				
	Bethlehem City Council				Dem	MO.	DAY	YEAR		
6TH TUESDAY PRE-PRIMARY	1							5 21 13		
2ND FRIDAY PRE-PRIMARY	2									
30 DAY POST-PRIMARY	3									
6TH TUESDAY PRE-ELECTION	4									
2ND FRIDAY PRE-ELECTION	5									
30 DAY POST-ELECTION	6									
ANNUAL REPORT	7									
		DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR		
				5 7 13				6 10 13		
		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		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.



**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

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.

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

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

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER



Reset Form

Print Form

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	264332274	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Eric Evans							
Street Address	1955 Butztown Road							
City	Bethlehem	State	PA	Zip Code	18017			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	5/21/13	Year	2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/7/13	6/10/13	
A. Amount Brought Forward From Last Report	\$	1297.03	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	350.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1647.03	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1647.03	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

### Affidavit Section

Part 1- 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 pages

[Redacted Signature Area]

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.

[Redacted Signature Area]

Notary Seal  
 Louise M. Kelchner, Notary Public  
 City of Bethlehem, Northampton County  
 My Commission Expires Feb. 1, 2016  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

1 of 3

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	264332274		
	Friends of Eric Evans		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
			0
	Total for the reporting period	(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
			350.00
	Contributions Received from Political Committees (Part A)	\$	0
	All Other Contributions (Part B)	\$	350.00
	Total for the reporting period	(2)	\$ 350.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
			0
	Contributions Received from Political Committees (Part C)	\$	0
	All Other Contributions (Part D)	\$	0
	Total for the reporting period	(3)	\$ 0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
			0
	Total for the reporting period	(4)	\$ <del>350.00</del> 0
	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)		\$ 350.00

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: 264332274	Friends of Eric Evans
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Bob Donchez					5/26/2013	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
377	Devonshire					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Bethlehem	PA	18017				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Jim Hickey					5/27/2013	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$