

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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

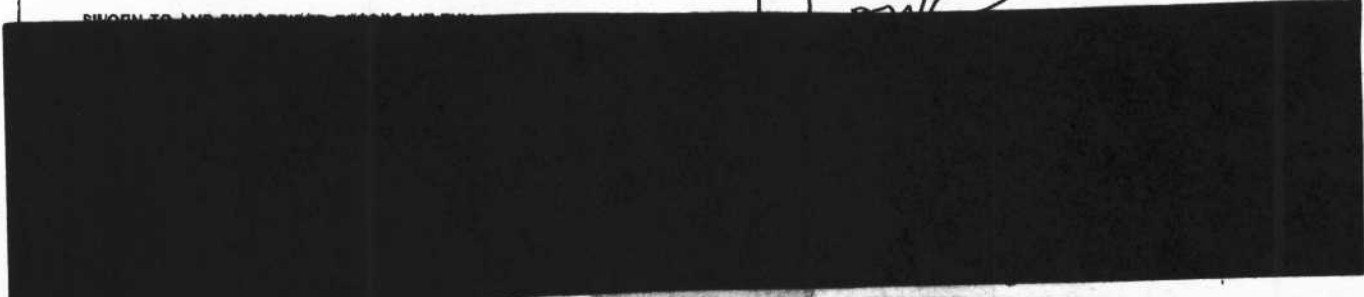
| | | | | | | |
|--|--|---|-------------|---|---|----------|
| FILER IDENTIFICATION NUMBER | | REPORT FILED ON BEHALF OF | | CANDIDATE | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Eric Evans | | | | | | |
| STREET ADDRESS 1955 Butztown Rd | | | | | | |
| CITY Bethlehem | | | STATE PA | ZIP CODE 18017 | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | DISTRICT NO. | PARTY | |
| 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> | | Bethlehem City Council | | | Dem | |
| 2ND FRIDAY PRE-PRIMARY <input 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 checked="" type="checkbox"/> | | | | | | |
| | | DATES OF REPORTING PERIOD | | DATE OF ELECTION | | |
| | | 11 26 13 TO 12 31 13 | | NO. DAY YEAR | | |
| | | | | FOR OFFICE USE ONLY | | |
| | | CASH BALANCE AT END OF REPORTING PERIOD: \$ 2822.03 | | ENTERED JAN 9 AM 11 35 NORTHAMPTON COUNTY ELECTION OFFICE EASTON PA 18042 | | |
| | | 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.

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.



COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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| | | | | | | | | | | |
|--|------------------------------------|-------------------------------------|--------------------|-------------------------------------|-------------------------------------|------------|--------------------------|----------|--------------------------|------|
| 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 | DATE OF ELECTION | | | |
| 6TH TUESDAY PRE-PRIMARY | Bethlehem City Council | | | | | Dem | NO. | DAY | YEAR | |
| 2ND FRIDAY PRE-PRIMARY | 1. | DATES OF REPORTING PERIOD | | NO. | DAY | YEAR | TO | MO. | DAY | YEAR |
| 30 DAY POST-PRIMARY | 2. | 11 | 26 | 13 | 12 | 31 | 13 | | | |
| 6TH TUESDAY PRE-ELECTION | 3. | | | | | | | | | |
| 2ND FRIDAY PRE-ELECTION | 4. | | | | | | | | | |
| 30 DAY POST-ELECTION | 5. | | | | | | | | | |
| ANNUAL REPORT | 6. | | | | | | | | | |
| | 7. | <input checked="" type="checkbox"/> | | | | | | | | |
| CASH BALANCE AT END OF REPORTING PERIOD: | | \$ | | <input checked="" type="checkbox"/> | | | | | | |
| TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | \$ | | <input checked="" type="checkbox"/> | | | | | | |
| AMENDMENT REPORT? | | YES | | NO | <input checked="" type="checkbox"/> | | | | | |
| TERMINATION REPORT? | | YES | | NO | <input checked="" type="checkbox"/> | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | |
| ENTERED | | | | | | | | | | |
| JAN 9 AM 11 36 | | | | | | | | | | |
| NORTHAMPTON COUNTY ELECTION OFFICE EASTON PA 18042 | | | | | | | | | | |

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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 \$250.00 and that the information furnished is true, correct and complete.

If statement is filed on behalf of a Candidate's Authorized Committee, the 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

SIGNATURE OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

AREA CODE

DAYTIME TELEPHONE NUMBER