



**Pennsylvania Department of State**

Bureau of Campaign Finance & Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Statements. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input checked="" type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania ~~that the~~ accompanying Campaign Finance Statement is true and correct.

\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist  
**Eric R. Evans**

Printed Name

01/13/2025

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Bethlehem/PA/USA**

\_\_\_\_\_  
Location (City/State/Country)

DSEB-503S  
Updated 1/5/2022

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 <b>Eric R. Evans</b>						
STREET ADDRESS <b>1955 Butztown Rd.</b>						
CITY <b>Bethlehem</b>			STATE <b>PA</b>	ZIP CODE <b>18017</b>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
<input type="checkbox"/> 1. 6TH TUESDAY PRE-PRIMARY						
<input type="checkbox"/> 2. 2ND FRIDAY PRE-PRIMARY						
<input type="checkbox"/> 3. 30 DAY POST-PRIMARY						
<input type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION						
<input type="checkbox"/> 5. 2ND FRIDAY PRE-ELECTION						
<input type="checkbox"/> 6. 30 DAY POST-ELECTION						
<input checked="" type="checkbox"/> 7. ANNUAL REPORT						
		DATES OF REPORTING PERIOD				
		MO. DAY YEAR		MO. DAY YEAR		
		1 1 24		12 31 24		
		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"/>
DATE OF ELECTION						
MO. DAY YEAR						
FOR OFFICE USE ONLY						

**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 EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO	
SWORN TO AND SUBSCRIBED BEFORE ME THIS	
DAY OF	20
SIGNATURE	
MY COMMISSION EXPIRES	MO. DAY YR.
SIGNATURE OF PERSON SUBMITTING REPORT <b>Eric R. Evans</b>	

**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.
SIGNATURE OF CANDIDATE	
PRINTED NAME	
AREA CODE	DAYTIME TELEPHONE NUMBER



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## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Eric R. Evans				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input checked="" type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Jodi M. Evans

Printed Name

01/13/2025

Date (MM/DD/YYYY)

Bethlehem/PA/USA

Location (City/State/Country)



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*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

**Eric R. Evans**  
\_\_\_\_\_

Printed Name

**01/13/2025**  
\_\_\_\_\_

Date (MM/DD/YYYY)

**Bethlehem/PA/USA**  
\_\_\_\_\_

Location (City/State/Country)



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		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 Butzown 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	2024	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				
		1/1/24	12/31/24					
A. Amount Brought Forward From Last Report		\$	1,218.91					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	0					
C. Total Funds Available (Sum of Lines A and B)		\$	1,218.91					
D. Total Expenditures (From Schedule III)		\$	600.00					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	618.91					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0					
Affidavit Section								
Part I- 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 paper, is to the best of my knowledge and belief true, correct and complete.								
Sworn to and subscribed before me this								
_____ day of _____ 20____								
Signature		Eric R. Evans Printed Name						
My Commission expires _____ MO. _____ DAY _____ YR.		610 Area Code		653-9276 Daytime Telephone Number				
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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 17 (P.L. 1333, NO.320) as amended.								
Sworn to and subscribed before me this								
_____ day of _____ 20____								
Signature		Eric R. Evans Printed Name						
My Commission expires _____ MO. _____ DAY _____ YR.		484 Area Code		892-7518 Daytime Telephone Number				

SCHEDULE III  
Statement of Expenditures

Filer Identification Number

To Whom Paid		McClure for Executive				Date [MM/DD/YYYY]	\$	100.00
						01/05/2024		
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
						Campaign contribution		
To Whom Paid		Friends of J. William Reynolds				Date [MM/DD/YYYY]	\$	500.00
						04/06/2024		
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
						Campaign contribution		
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				