

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

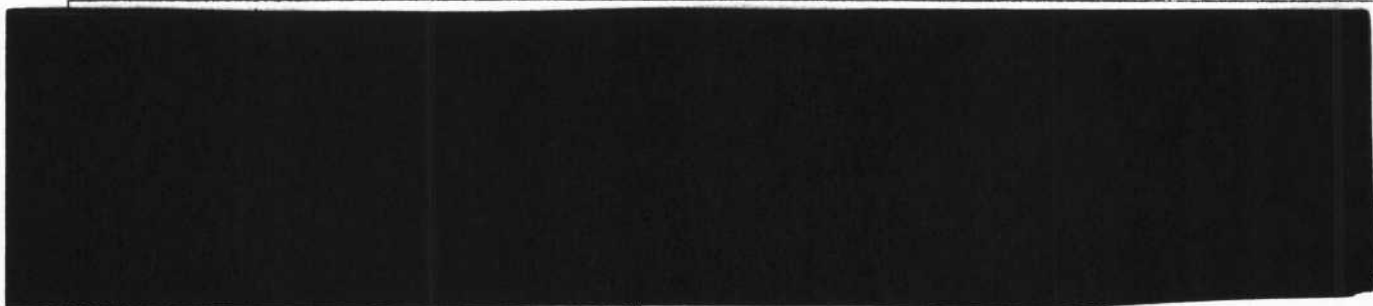
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	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 Evans</b>								
STREET ADDRESS <b>1955 Butztown Road</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	DATE OF ELECTION		
	<b>Bethlehem City Council</b>				<b>Dem</b>	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1					<b>11</b>	<b>5</b>	<b>13</b>
2ND FRIDAY PRE-PRIMARY	2					FOR OFFICE USE ONLY		
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
		<b>5</b>	<b>7</b>	<b>13</b>		<b>10</b>	<b>21</b>	<b>13</b>
		CASH BALANCE AT END OF REPORTING PERIOD:						
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:						
		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.



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

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Jesse M. Boyer, Notary Public  
 Bethlehem Twp., Northampton County  
 My Commission Expires April 29, 2017

SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS FILER OR 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 \_\_\_\_\_



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/5/13	Year	2013		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/7/13	10/21/13	
A. Amount Brought Forward From Last Report	\$	1647.03	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	700.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2347.03	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2347.03	
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.

[Redacted Signature Area]

Part II - If this is a report of a Candidate's Authorized Committee, candidate must sign here.

[Redacted Signature Area]

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Joseph M. Boyer, Notary Public  
 Bethlehem, PA  
 My Commission Expires April 29, 2017

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Joseph M. Boyer, Notary Public  
 Northampton County  
 My Commission Expires April 29, 2017

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

Filer Identification Number <b>264332274</b>	<b>Friends of Eric EVANS</b>
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<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>		
Contributions Received from Political Committees (Part A)	\$	200
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	200
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	500
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	500
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	700

PART A

## Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number <b>264332274</b>	<b>Friends of Eric Evans</b>
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						Amount
Full Name of Contributing Committee		<b>Bethlehem City Democratic Comm.</b>			Date [MM/DD/YYYY]	\$
					<b>10/14/13</b>	<b>200.00</b>
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State		Zip Code		Date [MM/DD/YYYY]	\$

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: <b>264332274</b>	<b>Friends of Eric Evans</b>
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$

PART C

**Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: <b>264332274</b>	<b>Friends of Eric Evans</b>
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Full Name of Contributing Committee		<b>Friends of Bob Donchez</b>			Date [MM/DD/YYYY]	\$	<b>500.00</b>
House #	<b>377</b>	Street Address		<b>Devonshire Road</b>		Date [MM/DD/YYYY]	\$
City	<b>Bethlehem</b>		State	<b>PA</b>	Zip Code	<b>18017</b>	Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
Street Address						
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						