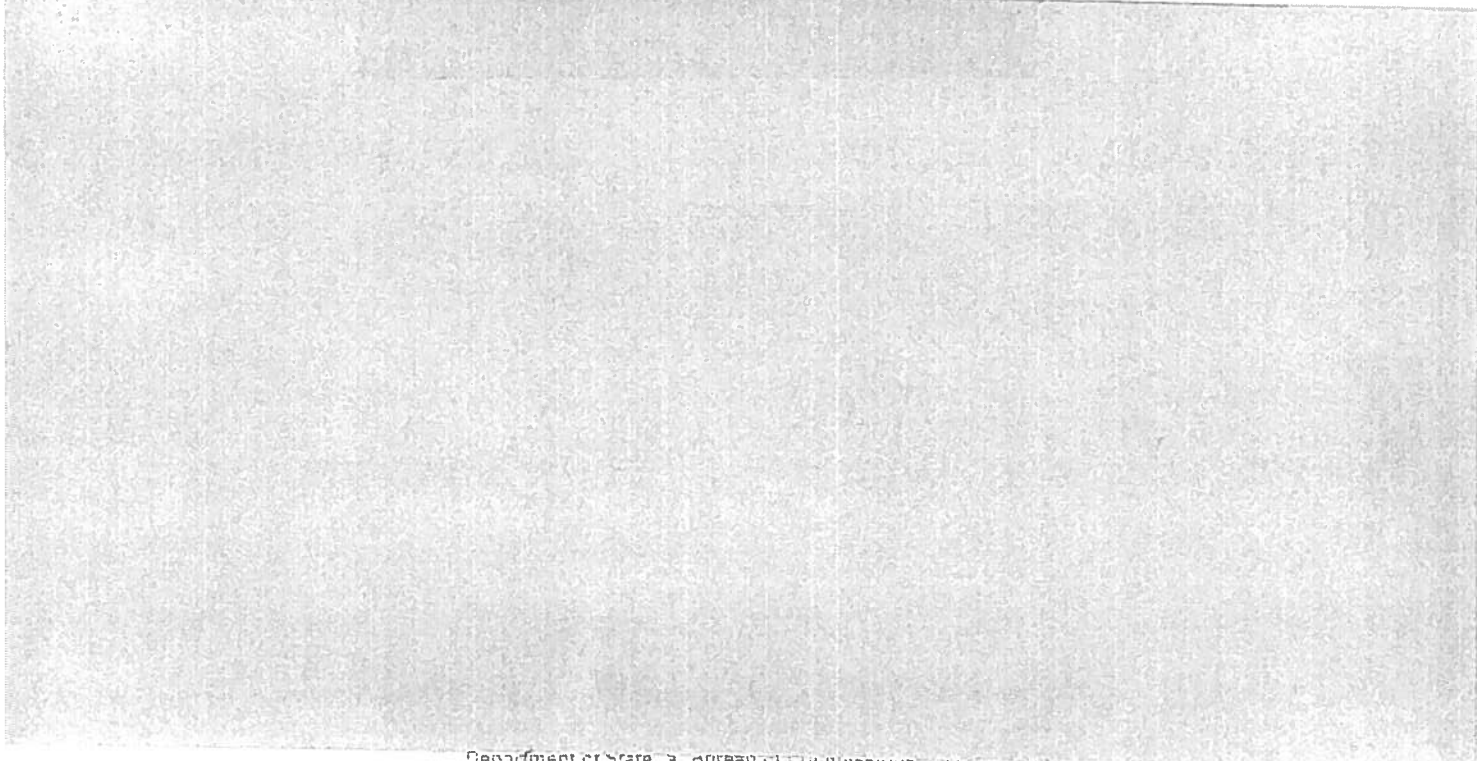


OFFICE OF STATE DEPARTMENT OF REVENUE
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if a person's receipts, disbursements, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		OFFICER	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LEBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LEBBYIST Eric Evans									
STREET ADDRESS 1955 Butzkamm Rd									
CITY Bethlehem				STATE PA		ZIP CODE 18017			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF FILING
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY		Bethlehem city Council					Dem		MO. DAY YEAR
<input type="checkbox"/> 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 checked="" type="checkbox"/> ANNUAL REPORT									
		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		PCR OFFICE USE ONLY	
				11 28 17		12 31 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



OFFICE OF THE BALTIMORE COUNTY CLERK
CAMPAIGN FINANCE DIVISION

File this in lieu of a full report only if a donor, committee, or candidate, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	264332874	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 Butzkown 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	1	DATES OF REPORTING PERIOD		NO. DAY YEAR		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	2	11 28 17		12 31 17			
30 DAY POST-PRIMARY	3						
6TH TUESDAY PRE-ELECTION	4						
2ND FRIDAY PRE-ELECTION	5						
30 DAY POST-ELECTION	6						
ANNUAL REPORT	7						
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 5337.12			
		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' Committee, the Treasurer must sign here.