

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	183-58-8314		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 R 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			
	City Council			N/A	Dem	NO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY	1	DATES OF REPORTING PERIOD		NO.	DAY	YEAR	FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2	1	1	11	TO	12	31	11	
30 DAY POST-PRIMARY	3	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0							
6TH TUESDAY PRE-ELECTION	4	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0							
2ND FRIDAY PRE-ELECTION	5	AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>		
30 DAY POST-ELECTION	6	TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>		
ANNUAL REPORT	7	<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.

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.



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 _____ NO. _____ DAY _____ R.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE _____ DAYTIME TELEPHONE NUMBER

OFFICE OF HEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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FILER IDENTIFICATION NUMBER	264332274		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
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	DATE OF ELECTION		
	City Council			N/A	Dem	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1	DATES OF REPORTING PERIOD			TO			FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY	2	MO.	DAY	YEAR	MO.	DAY	YEAR	
30 DAY POST-PRIMARY	3	1	1	11	12	31	11	
6TH TUESDAY PRE-ELECTION	4	CASH BALANCE AT END OF REPORTING PERIOD: \$ 370.03						
2ND FRIDAY PRE-ELECTION	5	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0						
30 DAY POST-ELECTION	6	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
ANNUAL REPORT	7	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						


AFFIDAVIT SECTION

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 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 THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED \$250.00.

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PART II

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

