

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE
10 AUG -4 AM 10:43

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

JOHN EVANS FOR SENATE

JOHN V. EVANS, TREASURER

ADDRESS (number and street) P.O. BOX 1188

Check if different than previously reported. (ACC)

BURLEY ID 83318

2. FEC IDENTIFICATION NUMBER ▼

C

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT XX NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John V. Evans, Sr.

Signature of Treasurer

Date 07 23 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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FEC FORM 3
(Revised 02/2003)

10020593001

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name
John Evans for Senate

Report Covering the Period: From: 0 1 0 1 2 0 1 0 To: 0 3 3 1 2 0 1 0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	:	:
(b) Total Contribution Refunds (from Line 20(d))	:	:
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	:	:
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1 1 9 6 . 5 0	1 1 9 6 . 5 0
(b) Total Offsets to Operating Expenditures (from Line 14)	:	:
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1 , 1 9 6 . 5 0	1 , 1 9 6 . 5 0
8. Cash on Hand at Close of Reporting Period (from Line 27)	:	:
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	:	:
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	:	:

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

10020593002

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

John Evans for Senate

Report Covering the Period: From: 0 1 0 1 2 0 1 0 To: 0 3 3 1 2 0 1 0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	,	,
(ii) Unitemized	,	,
(iii) TOTAL of contributions from individuals	,	,
(b) Political Party Committees.....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) The Candidate	,	,
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	,	,
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	,	,
(b) All Other Loans.....	,	,
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	,	,
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	7 3 1 3 4	7 3 1 3 4
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	7 3 1 3 4	7 3 1 3 4

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1,196.50	1,196.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	:	:
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	:	:
(b) Of All Other Loans.....	:	:
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	:	:
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	:	:
(b) Political Party Committees.....	:	:
(c) Other Political Committees (such as PACs).....	:	:
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	:	:
21. OTHER DISBURSEMENTS.....	:	:
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1,196.50	1,196.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	60,697.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	731.34
25. SUBTOTAL (add Line 23 and Line 24).....	61,429.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,196.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	60,232.72

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
John Evans for Senate

Full Name (Last, First, Middle Initial) D.L. Evans Bank		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0
A. Mailing Address P.O. BOX 1188		Bank checking interest Amount of Each Receipt this Period .10
City Burley	State ID Zip Code ID 83318	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) D.L. Evans Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
B. Mailing Address P.O. Box 1188		CD Interest Amount of Each Receipt this Period 7 3 1. 2 4
City Burley	State ID Zip Code ID 83318	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	7 3 1.3 4
TOTAL This Period (last page this line number only).....	

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
John Evans for Senate

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. US Treasury		0 3 0 3 2 0 1 0
Mailing Address		Amount of Each Disbursement this Period
City: Salt Lake City, State: UT Zip Code		
Purpose of Disbursement		9 6 8 . 5 8
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Idaho State Tax Commission		0 3 0 3 2 0 1 0
Mailing Address		Amount of Each Disbursement this Period
City: Boise, State: ID Zip Code		
Purpose of Disbursement		2 2 7 . 9 2
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1,1 9 6 . 5 0
TOTAL This Period (last page this line number only).....	1,1 9 6 . 5 0

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\$ 01.17⁰

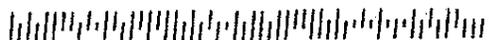
JUL 27 2010

MAILED FROM ZIP CODE 83318



397 N. Overland Avenue
PO Box 1188
Burley, ID 83318

TO: Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116



10020593007

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 07-27-10
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

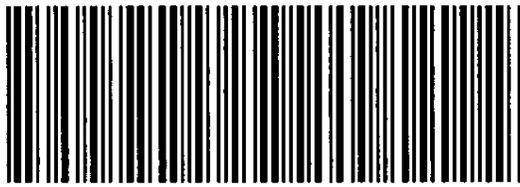
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 08-04-10

10020593008



10020593009