FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
07 JAN 30 PM 12: 12
Office Use Only

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

John Evans for Senate Committee
John Y. Evans Sr. Treasurer

ADDRESS (number and street) ▼ P.O. Box 1188

☐ Check if different than previously reported. (ACC)

Burley Id 83318-

2. FEC IDENTIFICATION NUMBER ▼ C 00194472

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

3. IS THIS REPORT ☒ 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 MM / DD / YYYY In the State of

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

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

Election on MM / DD / YYYY In the State of

5. Covering Period 09 / 30 / 2006 through 12 / 31 / 2006

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 Y. Evans Sr.

Signature of Treasurer John Y. Evans Sr. Date 01 / 20 / 2007

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							

FEC FORM 3 (Revised 02/2003)

FE3AN044

27020021046

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Robert Evans for Senate Committee

Report Covering the Period: From: 09 30 2006 To: 12 31 2006

	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)	21,03.03	51,340.06
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00.0	0.00.0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	21,03.03	51,340.06
8. Cash on Hand at Close of Reporting Period (from Line 27)	58,155.01	
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

27020021847

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

John Ernst for Senate Committee

Report Covering the Period: From: 09 / 30 / 2006 To: 12 / 31 / 2006

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)(iii), (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.)	200.38	61,021.7
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	200.38	61,021.7

27020021048

FE4AN016

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	21,03.03	51,34.06
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) ▶	21,03.03	51,34.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	58,25.76.6
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	2,000.38 ~~6,152~~
25. SUBTOTAL (add Line 23 and Line 24)	60,258.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	21,03.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	38,155.01

27020021849

FE4AN016

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) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

PAGE 1 OF 1

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 Committee

A.
Full Name (Last, First, Middle Initial): D. L. Evans Bank
Mailing Address: P.O. Box 1188
City: Burley, State: Id Zip Code: 83318
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:

Date of Receipt: Bank Interest
10/18/2006 13¢
10/27/06 19¢
12/13/06 .06¢
Amount of Each Receipt this Period: .38¢

☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial): D. L. Evans Bank
Mailing Address: PO Box 1188
City: Burley, State: Id Zip Code: 83318
FEC ID number of contributing federal political committee: C
Name of Employer: Transfer of Interest from TCD to DDA
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:

Date of Receipt: 12/18/2006
Amount of Each Receipt this Period: 1,000.00

☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial): D. L. Evans Bank
Mailing Address: PO Box 1188
City: Burley, State: Id Zip Code: 83318
FEC ID number of contributing federal political committee: C
Name of Employer: Transfer of Interest from TCD to DDA
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:

Date of Receipt: 11/01/2006
Amount of Each Receipt this Period: 1,000.00

☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2,000.38

TOTAL This Period (last page this line number only) ▶ 2,000.38

27020021050

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full): John Evans For Senate Committee

A.
Full Name (Last, First, Middle Initial): John Y. Evans Sr.
Mailing Address: 216 Churchill Drive
City: Burley State: ID Zip Code: 83318
Purpose of Disbursement: Postage
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 18 / 2006
Amount of Each Disbursement this Period: 3.03
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Mike Burkett for Senate
Mailing Address: PO Box 1702
City: Boise, Idaho State: ID Zip Code: 83701-1702
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 18 / 2006
Amount of Each Disbursement this Period: 1,000.0
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Nancy Jones for Superintendent of Public Instruction
Mailing Address: 1210 N 11th St
City: Boise, Idaho State: Zip Code: 83702
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 18 / 2006
Amount of Each Disbursement this Period: 1,000.0
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2,003.03

TOTAL This Period (last page this line number only) ▶

27020021051

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) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full): John Evans for Senate Committee

A.
Full Name (Last, First, Middle Initial): Brady for Idaho
Mailing Address: PO Box 2616
City: Boise State: Id Zip Code: 83701
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 23 / 2006
Amount of Each Disbursement this Period: 5000.0
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Neighbors Protecting Idaho
Mailing Address: PO Box 137
City: Boise State: Id Zip Code: 83701-0137
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 23 / 2006
Amount of Each Disbursement this Period: 1000.0
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Larry Grant for Congress
Mailing Address: PO Box 489
City: Fruitland State: Id Zip Code: 83619
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2006
Amount of Each Disbursement this Period: 3000.0
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 9000.0

TOTAL This Period (last page this line number only) ▶

27020021052

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) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full): John Evans Gov Senate Committee

A.

Full Name (Last, First, Middle Initial): Brady Gov Idaho

Mailing Address: Po Box 1616

City: Boise State: Id Zip Code: 83701

Purpose of Disbursement: Political Contribution

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 01 / 2006

Amount of Each Disbursement this Period: 1,000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1,000.00

TOTAL This Period (last page this line number only) ▶ 2,103.03

27020021055

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