

SECRETARY OF THE SENATE  
08 OCT 20 AM 11:27

**FEC  
FORM 3**

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12 FE 4M5

J O H N E V A N S , F O R S E N A T E

J O H N V . E V A N S , T R E A S U R E R

ADDRESS (number and street) P . O . B O X 1 1 8 8

Check if different than previously reported. (ACC)

B U R L E Y , I D 8 3 3 1 8

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 0 0 1 9 4 4 7 2 IS THIS REPORT x NEW (N) OR AMENDED (A) STATE ▼ DISTRICT

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
X 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 M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the:  
General (30G) Runoff (30R) Special (30S)  
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 0 7 / 0 1 / 2 0 0 8 through 0 9 / 3 0 / 2 0 0 8

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., Treasurer

Signature of Treasurer *John V. Evans Sr* Date 1 0 / 1 4 / 2 0 0 8

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)

28020581415

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name  
John Evans for Senate

Report Covering the Period: From: 07 / 01 / 2008 To: 09 / 30 / 2008

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(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)) .....	,	,
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	, 1,000.00	, 1,000.00
(b) Total Offsets to Operating Expenditures (from Line 14) .....	,	,
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	, 1,000.00	, 1,000.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	, 5,8695.41	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		

**For further information contact:**

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

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

28020581416

**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: <sup>M</sup>0 <sup>M</sup>7 / <sup>D</sup>0 <sup>D</sup>1 / <sup>Y</sup>2 <sup>Y</sup>0 <sup>Y</sup>0 <sup>Y</sup>8 To: <sup>M</sup>0 <sup>M</sup>9 / <sup>D</sup>3 <sup>D</sup>0 / <sup>Y</sup>2 <sup>Y</sup>0 <sup>Y</sup>0 <sup>Y</sup>8

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.).....	7,082.2	7,082.2
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7,082.2	7,082.2

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**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1 0 0.0 0	1 0 0.0 0
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 0 0.0 0	1 0 0.0 0

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5 8, 0 8, 7.1 9
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7 0, 8.2 2
25. SUBTOTAL (add Line 23 and Line 24).....	5 8, 7 9, 5.4 1
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1 0, 0.0 0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5 8, 6 9, 5.4 1

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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 Committee

Full Name (Last, First, Middle Initial) D.L. Evans Bank		Date of Receipt 0 9 2 6 2 0 0 8
Mailing Address P.O. Box 1188		Bank checking interest Amount of Each Receipt this Period  6 8
City Burley	State ID	
Zip Code 83318		
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
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 0 8 1 1 2 0 0 8
Mailing Address P.O. Box 1188		Bank CD Interest Amount of Each Receipt this Period  7 0 7 . 5 4
City Burley	State ID	
Zip Code 83318		
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
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
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	, ,
<b>TOTAL</b> This Period (last page this line number only).....▶	, 7 0 8 . 2 2

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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 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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**

Full Name (Last, First, Middle Initial) <b>A. Obama, Senator Barack</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 9 / 0 9 / 2 0 0 8</b>	
Mailing Address		Amount of Each Disbursement this Period  <b>, 1 0 0, 0 0</b>  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City	State		Zip Code
Purpose of Disbursement <b>Political Contribution</b>			Category/ Type
Candidate Name <b>Senator Barack Obama</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period  <b>, , *</b>  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period  <b>, , *</b>  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>, 1 0 0, 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>, 1 0 0, 0 0</b>

28020581420

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UNITED STATES POSTAL SERVICE<sup>SM</sup>

Address only  
LAB 11-E A 100  
**X-TRA WEIGHT**  
SENATE  
POST OFFICE

**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Bk Day	Postage \$	Return Receipt Fee \$
Date Accepted	Scheduled Date of Delivery	COD Fee \$	Insurance Fee \$
Mo. Day Year	Month Day	Total Postage & Fees \$	Acceptance Emp. Initials
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM		
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
lbs. ozs.	Intl Alpha Country Code		

**DELIVERY (POSTAL SERVICE ONLY)**

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

**NO DELIVERY**  Weekend  Holiday

NO SIGNATURE OF SIGNATURE (Flat Rate Mail Only) Additional merchandise insurance is void. Month of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Customer Signature \_\_\_\_\_

FROM: (PLEASE PRINT)

PHONE

TO: (PLEASE PRINT)

PHONE

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OCT 15 2008  
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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 10-15-08 \_\_\_\_\_  
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

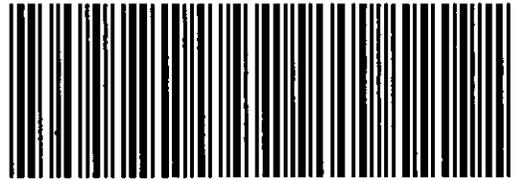
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-20-08

28020581422



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