

# 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. 12FE4M5  
**FRIENDS OF JIM EVANS**

ADDRESS (number and street) 6271 S FARM ROAD 67  
 Check if different than previously reported. (ACC) REPUBLIC MO 65738

2. **FEC IDENTIFICATION NUMBER** C C00551564 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) MO 07

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 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 M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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 Shirley Huffman  
Signature of Treasurer Shirley Huffman *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 28 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FRIENDS OF JIM EVANS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	8082.00	20462.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8082.00	20462.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	11744.66	21097.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11744.66	21097.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	44364.06	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	45000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FRIENDS OF JIM EVANS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2660.00	6735.00
(ii) Unitemized.....	5347.00	9547.00
(iii) TOTAL of contributions from individuals ▶	8007.00	16282.00
(b) Political Party Committees.....	0.00	2500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	75.00	1680.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8082.00	20462.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	45000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	45000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	8082.00	65462.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11744.66	21097.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11744.66	21097.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	48026.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8082.00
25. SUBTOTAL (add Line 23 and Line 24).....	56108.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11744.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	44364.06

**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 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**FRIENDS OF JIM EVANS**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Hooper**

Mailing Address 1045 E Division ST

City Springfield State MO Zip Code 65803

FEC ID number of contributing federal political committee. **C**

Name of Employer ANPAC Occupation analyst

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.4610**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Bill Lennon**

Mailing Address 229 Country Bluff

City Branson State MO Zip Code 65616

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Singer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.4687**

Amount of Each Receipt this Period  
1200.00

Write and produce radio AD

**C.** Full Name (Last, First, Middle Initial)  
**Alex Primm**

Mailing Address 1316 E Harrison

City Springfield State MO Zip Code 65804

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Not Employed

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : SA11AI.4637**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1350.00

**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 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial) <b>A. William Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 640 W Westview		<b>Transaction ID : SA11AI.4550</b>	
City Springfield	State MO	Zip Code 65807	Amount of Each Receipt this Period _____ 1200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation Unknown		Amount of Each Receipt this Period _____ 1210.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1210.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Scriven</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 1325 North Ethyl		<b>Transaction ID : SA11AI.4580</b>	
City Springfield	State MO	Zip Code 65802	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Springfield Greene County Libr	Occupation Circulation Assistant		Amount of Each Receipt this Period _____ 215.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 215.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Scriven</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 1325 North Ethyl		<b>Transaction ID : SA11AI.4587</b>	
City Springfield	State MO	Zip Code 65802	Amount of Each Receipt this Period _____ 5.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Springfield Greene County Libr	Occupation Circulation Assistant		Amount of Each Receipt this Period _____ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1305.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 7 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JIM EVANS**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Scriven**

Mailing Address 1325 North Ethyl

City Springfield State MO Zip Code 65802

FEC ID number of contributing federal political committee. **C**

Name of Employer Springfield Greene County Libr Occupation Circulation Assistant

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : SA11Al.4632**

Amount of Each Receipt this Period  
**5.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5.00**

**2660.00**

**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 8 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial) <b>A. Jim Evans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 26 / 2014	
Mailing Address 6271 S Farm Road 67		<b>Transaction ID : SA11D.4689</b>	
City Republic    State MO    Zip Code 65738	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C H2MO07093	Amount of Each Receipt this Period 25.00		
Name of Employer N/A    Occupation Not Employed	Amount of Each Receipt this Period 25.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 46630.00		

Full Name (Last, First, Middle Initial) <b>B. Jim Evans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2014	
Mailing Address 6271 S Farm Road 67		<b>Transaction ID : SA11D.4690</b>	
City Republic    State MO    Zip Code 65738	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C H2MO07093	Amount of Each Receipt this Period 25.00		
Name of Employer N/A    Occupation Not Employed	Amount of Each Receipt this Period 25.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 46655.00		

Full Name (Last, First, Middle Initial) <b>C. Jim Evans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2014	
Mailing Address 6271 S Farm Road 67		<b>Transaction ID : SA11D.4691</b>	
City Republic    State MO    Zip Code 65738	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C H2MO07093	Amount of Each Receipt this Period 25.00		
Name of Employer N/A    Occupation Not Employed	Amount of Each Receipt this Period 25.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 46680.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	75.00



**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 9 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial) <b>A. Face Book</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 156 University		Amount of Each Disbursement this Period 237.00
City Palo Alto	State CA	
Zip Code 94301	Purpose of Disbursement Advertisement	Transaction ID : SB17.4760
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) <b>B. Virgil Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2013 W Water St		Amount of Each Disbursement this Period 1000.00
City Springfield	State MO	
Zip Code 65806	Purpose of Disbursement Consulting Strategy	Transaction ID : SB17.4698
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) <b>C. Virgil Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2013 W Water St		Amount of Each Disbursement this Period 1000.00
City Springfield	State MO	
Zip Code 65806	Purpose of Disbursement Consulting Strategy	Transaction ID : SB17.4707
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2237.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial) <b>A. Virgil Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 2013 W Water St		Amount of Each Disbursement this Period 1000.00
City Springfield	State MO Zip Code 65806	
Purpose of Disbursement Consulting Strategy	Candidate Name	Transaction ID : SB17.4721
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Bill Lennon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 229 Country Bluff		Amount of Each Disbursement this Period 1200.00
City Branson	State MO Zip Code 65616	
Purpose of Disbursement Write and produce radio AD	Candidate Name	Transaction ID : SB17.4688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Precision Signz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1055 Valley Dr		Amount of Each Disbursement this Period 4801.18
City Riverdale	State IA Zip Code 52722	
Purpose of Disbursement Yard and Road signs	Candidate Name	Transaction ID : SB17.4718
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7001.18
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial) <b>A. Sonic Print</b>		Date of Disbursement
Mailing Address 5018 Tampa West Blvd		M M / D D / Y Y Y Y 06 / 02 / 2014
City Tampa	State MO	Amount of Each Disbursement this Period
Zip Code 33634		414.97
Purpose of Disbursement Push Cards	Category/Type	<b>Transaction ID : SB17.4722</b>
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>B. Stevensons Business Products LLC</b>		Date of Disbursement
Mailing Address 1302 S Main Street		M M / D D / Y Y Y Y 04 / 03 / 2014
City Joplin	State MO	Amount of Each Disbursement this Period
Zip Code 64801		231.82
Purpose of Disbursement Business Cards	Category/Type	<b>Transaction ID : SB17.4700</b>
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. Stevensons Business Products LLC</b>		Date of Disbursement
Mailing Address 1302 S Main Street		M M / D D / Y Y Y Y 06 / 10 / 2014
City Joplin	State MO	Amount of Each Disbursement this Period
Zip Code 64801		80.87
Purpose of Disbursement Invitations	Category/Type	<b>Transaction ID : SB17.4727</b>
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).....	727.66
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial) <b>A. Stevensons Business Products LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 1302 S Main Street		Amount of Each Disbursement this Period 43.13
City Joplin	State MO Zip Code 64801	
Purpose of Disbursement Invitations	Candidate Name	Transaction ID : SB17.4728
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stevensons Business Products LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1302 S Main Street		Amount of Each Disbursement this Period 121.30
City Joplin	State MO Zip Code 64801	
Purpose of Disbursement Invitations	Candidate Name	Transaction ID : SB17.4754
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Varizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 300.00
City Acworth	State GA Zip Code 30101	
Purpose of Disbursement Office Phone & Data	Candidate Name	Transaction ID : SB17.4762
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	464.43
<b>TOTAL</b> This Period (last page this line number only).....	10430.27

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4130

**FRIENDS OF JIM EVANS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Jim Evans

Primary

General

Other (specify) ▼

Mailing Address

6271 S Farm Road 67

City

State

ZIP Code

Republic

MO

65738

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

01 / 01 / 2014

Date Due

/ / 1/1/15

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

5000.00

**TOTALS** This Period (last page in this line only)..... ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF JIM EVANS** Transaction ID : **SC/10.4327**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Jim Evans</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 6271 S Farm Road 67		

City	State	ZIP Code
Republic	MO	65738

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
03 / 07 / 2014	1/1/15	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	40000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	45000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**