

**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  
REPORTNEW  
(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  
11 / 04 / 2014in the  
State of

MO

(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  
10 / 01 / 2014

through

M M / D D / Y Y Y Y  
10 / 15 / 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 Huffman Shirley

Signature of Treasurer

Huffman Shirley

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 20 / 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.

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

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**FRIENDS OF JIM EVANS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

	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))....	6612.00	46028.00
(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)) .....	6612.00	46028.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4983.57	45709.61
(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)) .....	4983.57	45709.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	45318.39	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

**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).....

2635.00

20915.00

(ii) Unitemized.....

3977.00

20933.00

(iii) TOTAL of contributions from individuals ▶

6612.00

41848.00

(b) Political Party Committees.....

0.00

2500.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

1680.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

6612.00

46028.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(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

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

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

6612.00

91028.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4983.57	45709.61
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) ►	4983.57	45709.61

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43689.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6612.00
25. SUBTOTAL (add Line 23 and Line 24).....	50301.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4983.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	45318.39

# **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 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Beverly Burk</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 1519 East Erie Street Ampt 105			<b>Transaction ID : SA11AI.5294</b>	
City Springfield	State MO	Zip Code 65804	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer N/A		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Occupation Not Employed		
		Election Cycle-to-Date _____ 240.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Janis Haynes</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 2220 W Cynthia St			<b>Transaction ID : SA11AI.5258</b>	
City Springfield	State MO	Zip Code 65810	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer N/A		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Occupation Not Employed		
		Election Cycle-to-Date _____ 230.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Shirley Huffman</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 3331 S Farm Rd 187			<b>Transaction ID : SA11AI.5365</b>	
City Springfield	State MO	Zip Code 65809	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer N/A		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Occupation Not Employed		
		Election Cycle-to-Date _____ 1700.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 165.00	
<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:

PAGE 6 OF 13

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JIM KREIDER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 5030 S Virginia Court		<b>Transaction ID : SA11AI.5265</b>	
City SPRINGFIELD	State MO	Zip Code 65810	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MRTA	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Elizabeth Kurtz</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 321 E. Lafayette		<b>Transaction ID : SA11AI.5386</b>	
City Springfield	State MO	Zip Code 65810	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer N/A	Occupation Not employed		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 270.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>William Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 640 W Westview		<b>Transaction ID : SA11AI.5232</b>	
City Springfield	State MO	Zip Code 65807	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1345.00	
Name of Employer N/A	Occupation Unknown		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2575.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1620.00	
<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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF JIM EVANS

Full Name (Last, First, Middle Initial)

A. Myra Scroggs

Mailing Address 2450 S Weaver

City

Springfield

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NA

Occupation

Not Employed

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11AI.5333

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Peggy Stepp

Mailing Address 2739 S Claremont

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2014

Transaction ID : SA11AI.5211

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. United Steel Workers Local 1585

Mailing Address 3433 S campbell

City

Springfield

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2014

Transaction ID : SA11AI.5205

Amount of Each Receipt this Period

250.00

Donation

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

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

550.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial)

**MARK WEAVER****A.**

Mailing Address 2000 E Briar St

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: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

**Transaction ID : SA11AI.5384**

Amount of Each Receipt this Period

200.00

Donation

Full Name (Last, First, Middle Initial)

**Joyce Wise****B.**

Mailing Address 4741 S Stewart

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

N/A

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

**Transaction ID : SA11AI.5389**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D 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).....

300.00

2635.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

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

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NAME OF COMMITTEE (In Full)

**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial)

**A. B Publishing Group**

Mailing Address P.O. Box 2418

City	State	Zip Code
Springfield	MO	65801

Purpose of Disbursement  
Print Ad

004

Category/  
Type

Candidate Name

**FRIENDS OF JIM EVANS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: MO District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

302.54
--------

Transaction ID : SB17.5376

**B. Agne Gaybauskaite**

Mailing Address 21860 Lawrence 2030

City	State	Zip Code
Everton	MO	65646

Purpose of Disbursement  
Social Networking

001

Category/  
Type

Candidate Name

**FRIENDS OF JIM EVANS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: MO District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.5377

**c. Virgil Hill**

Mailing Address 2013 W Water St

City	State	Zip Code
Springfield	MO	65806

Purpose of Disbursement  
Campaign Strategist

001

Category/  
Type

Candidate Name

**FRIENDS OF JIM EVANS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: MO District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.5373

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1802.54

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

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

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NAME OF COMMITTEE (In Full)

**FRIENDS OF JIM EVANS**

Full Name (Last, First, Middle Initial)

**A. Virgil Hill**

Mailing Address 2013 W Water St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

City	State	Zip Code
Springfield	MO	65806

Purpose of Disbursement  
Campaign Strategist

001

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.5374

Candidate Name

**FRIENDS OF JIM EVANS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: MO District: 07

Full Name (Last, First, Middle Initial)

**B. Kum & Go Republic**

Mailing Address Highway 60

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

City	State	Zip Code
Republic	MO	65738

Purpose of Disbursement  
Fuel

001

Amount of Each Disbursement this Period

32.03
-------

Transaction ID : SB17.5382

Candidate Name

**FRIENDS OF JIM EVANS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: MO District: 07

Full Name (Last, First, Middle Initial)

**C. Phone Burner**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

City	State	Zip Code
Lake Tahoe	CA	

Purpose of Disbursement  
Calling System

001

Amount of Each Disbursement this Period

149.00
--------

Transaction ID : SB17.5381

Candidate Name

**FRIENDS OF JIM EVANS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: MO District: 07

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1181.03



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

PAGE 12 OF 13

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

James Evans

[PERSONAL FUNDS]

Election: 2014

☐ 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

M M / D D / Y Y Y Y  
01 / 01 / 2014

Date Due

M M / D D / Y Y Y Y  
/ 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**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 13

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4327

FRIENDS OF JIM EVANS

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

James Evans

**[PERSONAL FUNDS]**

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

6271 S Farm Road 67

City

State

ZIP Code

Republic

MO

65738

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

M / M / Y  
03 / 07 / 2014

Date Due

M / M / Y  
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)..... ►

40000.00

**TOTALS** 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.