

09 FEB 20 PM 2:44

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**FEC
FORM 3**

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

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 it different than previously reported. (ACC)

BURLEY ID 83318-

2. FEC IDENTIFICATION NUMBER ▼

C00194472

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

ID

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 10012008 through 12312008

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.
Treasurer

Date

1/27/2009

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

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FEC FORM 3
(Revised 02/2003)

20020110886

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: ^M1 ^M0 / ^D0 ^D1 / ^Y2 ^Y0 ^Y0 ^Y8 To: ^M1 ^M2 / ^D3 ^D1 / ^Y2 ^Y0 ^Y0 ^Y8

	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)	2 5 0 0 0	3 5 0 0 0
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2 5 0 0 0	3 5 0 0 0
8. Cash on Hand at Close of Reporting Period (from Line 27)	5 9,0 6 0 .0 0	
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

29020110887

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: 10/01/2008 To: 12/31/2008

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.)		
	714.59	2,807.06
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	714.59	2,807.06

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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.....	250,000	350,000
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) ►	250,000	350,000

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	58,695.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	714.59
25. SUBTOTAL (add Line 23 and Line 24).....	59,410.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	350.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	59,060.00

2007107088

**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 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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 M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 8	
Mailing Address P.O. Box 1188			Bank checking interest Amount of Each Receipt this Period 4 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) D.L. Evans Bank			Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 8	
Mailing Address P.O. Box 1188			Bank CD Interest Amount of Each Receipt this Period 7 1 4 . 1 5	
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 M M / D D / Y Y Y Y	
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 ▼		

SUBTOTAL of Receipts This Page (optional).....▶	, 7 1 4 . 5 9
TOTAL This Period (last page this line number only).....▶	, 7 1 4 . 5 9

20020110890

**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	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. LaRocco for Senate		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
Mailing Address		Amount of Each Disbursement this Period 5 0 0 0
City	State Zip Code	
Purpose of Disbursement Political Contribution	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Larry LaRocco		
Office Sought: <input checked="" 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. Holmes for Congress		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
Mailing Address		Amount of Each Disbursement this Period 5 0 0 0
City	State Zip Code	
Purpose of Disbursement Political Contribution	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Debbie Holmes		
Office Sought: <input checked="" 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) C. Minnick for Congress		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8
Mailing Address		Amount of Each Disbursement this Period 1 0 0 0 0
City	State Zip Code	
Purpose of Disbursement Political Contribution	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Walt Minnick		
Office Sought: <input checked="" 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).....▶	2 0 0 0 0
TOTAL This Period (last page this line number only).....▶	2 0 0 0 0

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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"/> 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)
John Evans for Senate Committee

Full Name (Last, First, Middle Initial) A. Kelly for Senate		Date of Disbursement 1 1 0 5 2 0 0 8	
Mailing Address		Amount of Each Disbursement this Period 5 0 0 0 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City	State		Zip Code
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name Kate Kelly			
Office Sought: <input checked="" 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.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period 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) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period 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:		

SUBTOTAL of Disbursements This Page (optional).....▶	5 0 0 0
TOTAL This Period (last page this line number only).....▶	2 5 0 0 0

20020110892

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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Date of Receipt

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

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0220-09

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

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