

**FEC
FORM 3**

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

SECRETARY OF THE SENATE
04 OCT 20 2004
Office of the Secretary of the Senate
ID: 41

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

John Evans Senate Committee

John V. Evans Sr, Treasurer

ADDRESS (number and street)

Post Office Box 1188

Burley, Idaho

Check if different than previously reported. (ACC)

Burley ID 83318

2. FEC IDENTIFICATION NUMBER ▼

C

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

07 01 2004

through

09 30 2004

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.

Signature of Treasurer *John V. Evans Sr.*

Date 10 12 2004

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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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Norm Evans for Senate Committee

Report Covering the Period:

From:

MM DD YYYY
07 01 2004

To:

MM DD YYYY
09 30 2004

	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)	2,500.00	37,109.80
(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))	2,500.00	37,109.80
8. Cash on Hand at Close of Reporting Period (from Line 27)	59,185.56	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	5,000.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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 02/2003)

Page 3

Write or Type Committee Name

Nolan Evans for Senate Committee

Report Covering the Period:

From:

MM *DD* *YYYY*
07 *01* *2004*

To:

MM *DD* *YYYY*
09 *30* *2004*

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.).....

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

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1,250.00	3,710.98
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) ▶	1,250.00	3,710.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	58,435.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,000.18
25. SUBTOTAL (add Line 23 and Line 24).....	60,435.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,250.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	59,185.56

**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 1 OF 4

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

John Kerry For President Inc.

Mailing Address

PO Box 96459

City State Zip Code

Washington D.C. 20077-7398

Purpose of Disbursement

Political Contribution

Candidate Name

John Kerry

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

07 / *16* / *2004*

Amount of Each Disbursement this Period

500.00

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

B. *Committee to Re-elect Donna Boe*

Mailing Address

326 S. 16th

City State Zip Code

Pocatello Id 83201

Purpose of Disbursement

Donna Boe - Political Contr.

Candidate Name

Donna Boe

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *Id.*

District:

Date of Disbursement

07 / *16* / *2004*

Amount of Each Disbursement this Period

500.00

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

C. *Wendy Haguet For State Representative*

Mailing Address

P.O. Box 783

City State Zip Code

Ketchum Id 83340

Purpose of Disbursement

Political Contribution

Candidate Name

Wendy Haguet

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *Id*

District:

Date of Disbursement

07 / *16* / *2004*

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional).....▶

600.00

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

600.00

**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 2 OF 4

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

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NAME OF COMMITTEE (In Full)

John Evans For Senate Committee

Full Name (Last, First, Middle Initial)

A. *Matheson For Governor*

Mailing Address
1987 S 1100 E-

City *Salt Lake City* State *Ut.* Zip Code *84106*

Purpose of Disbursement
Political Contribution

Candidate Name
Scott Matheson

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *Ut* District:

Date of Disbursement

08 / *10* / *2007*

Amount of Each Disbursement this Period

1,000.00

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

B. *Fourth Church Institute - Boise State U.*

Mailing Address
1910 University Drive

City *Boise* State *Id* Zip Code *83725-1900*

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

09 / *30* / *2007*

Amount of Each Disbursement this Period

1,000.00

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

C. *Friends of Scott Spence*

Mailing Address
PO Box 803

City *Boise* State *Id* Zip Code *83702*

Purpose of Disbursement
Political Contribution

Candidate Name
Scott Spence

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *Id* District:

Date of Disbursement

09 / *30* / *2007*

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

2,500.00

TOTAL This Period (last page this line number only)

2,500.00

**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 3 OF 4			
	<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)
Nahn Evans for Senate Committee

Full Name (Last, First, Middle Initial) <u>Mike Burkett for Senate-Dist 19</u>		Date of Disbursement <u>09</u> / <u>30</u> / <u>2008</u>
Mailing Address <u>P O Box 1702</u>		Amount of Each Disbursement this Period <u>1000</u>
City <u>Boise</u>	State <u>ID</u>	
Zip Code <u>83701-1702</u>		
Purpose of Disbursement <u>Political Contribution</u>		Category/Type
Candidate Name <u>Mike Burkett</u>		
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: <u>ID</u>	District:	

Full Name (Last, First, Middle Initial) <u>Clint Stennett for Senate</u>		Date of Disbursement <u>09</u> / <u>30</u> / <u>2008</u>
Mailing Address <u>P O Box 475</u>		Amount of Each Disbursement this Period <u>1000</u>
City <u>Hatchum</u>	State <u>ID</u>	
Zip Code <u>8334</u>		
Purpose of Disbursement <u>Political Contribution</u>		Category/Type
Candidate Name <u>Clint Stennett</u>		
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: <u>ID</u>	District:	

Full Name (Last, First, Middle Initial) <u>Idaho House Democratic Caucus</u>		Date of Disbursement <u>09</u> / <u>30</u> / <u>2008</u>
Mailing Address <u>P O Box 783</u>		Amount of Each Disbursement this Period <u>1000</u>
City <u>Hatchum</u>	State <u>ID</u>	
Zip Code <u>83340</u>		
Purpose of Disbursement <u>Political Contribution</u>		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: <u>ID</u>	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<u>3000</u>
TOTAL 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)			
	<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 -

A.

Full Name (Last, First, Middle Initial) *D N C*

Mailing Address *430 S. Capitol St SE - PO Box 96585*

City *Washington DC* State *DC* Zip Code *20077-7242*

Purpose of Disbursement *Political Contribution*

Candidate Name *John Kerry*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: MM DD YYYY *09 30 2004*

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 _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

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 _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

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) *1,250.00*

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (in full)
John Evans Sen Senate Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>David A. Evans</i>		Nature of Debt (Purpose):	
Mailing Address <i>150 W 900 S</i>			
City <i>Maad, Idaho</i>	State	Zip Code <i>83252</i>	
Outstanding Balance Beginning This Period <i>50,000</i>			
Amount Incurred This Period <i>0,000</i>	Payment This Period <i>0,000</i>	Outstanding Balance at Close of This Period <i>50,000</i>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	<i>50,000</i>
2) TOTALS This Period (last page this line number only)	<i>50,000</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>50,000</i>

24020900406
24020900406

JOHN EVANS

Mr. John Evans President
P.O. Box 1188
Burley, ID 83318



7004 0550 0000 9036 9556

U.S. POSTAGE
PAID
BURLEY, ID
83318
OCT 14 04
HNDLMT

\$2.90

00052-160-05

U.S. MAIL
FIRST CLASS
POLITICAL SERVICES

8254

22301

SCREENED BY

SENATE POST OFFICE

OFFICE OF PUBLIC RECORDS
P.O. BOX 5109
ALEXANDRIA, VA 22304-0109

S000003402

**X-RAYED
BY THE SENATE
POST OFFICE**

24020900408
24020900408

