

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

SECRETARY OF THE SENATE
08 AUG -7 PM 2:47

1. NAME OF COMMITTEE (in full) John Evans for Senate Committee		2. FEC IDENTIFICATION NUMBER 600194472
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 397 N. Overland Ave, P.O. Box 1188		
CITY, STATE and ZIP CODE Burley, Idaho 83318	STATEDISTRICT	

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election on _____ in the State of _____
<input type="checkbox"/> January 31 Year End Report	
<input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for NA Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>12/31/99</u> through <u>06/30/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0	
(b) Total Contribution Refunds (from Line 20(d))	0	
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	0	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1287.00	
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	1287.00	
8. Cash on Hand at Close of Reporting Period (from Line 27)	57139.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	500.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 Evans	
Signature of Treasurer 	Date 07/28/00

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 4/97)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) John Evans for Senate Committee	Report Covering the Period:	
	From: 12/31/99	To: 06/30/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-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 11(a)(i)(ii), (b), (c) and (d)) -----	0	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	1419.75	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	1419.75	
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	1287.00	
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 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 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	1287.00	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 57007.21	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 1419.75	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 58426.96	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 1287.00	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 57139.96	27

SCHEDULE A

ITEMIZED RECEIPTS

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

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 committees.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D.L. Evans Bank 397 N. Overland Ave. Burley, Id 83318 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DDA Interest	02/25/00	.12
	& TCD Interest	03/24/00	3.35
	Occupation	04/28/00	3.90
	Aggregate Year-to-Date > \$	05/26/00	2.57
		06/23/00	2.29
B. Full Name, Mailing Address and ZIP Code D.L. Evans Bank 397 N. Overland Ave. Burley, Id 83318 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	TCD Interest & DDA Interest Total	TOTAL	12.23
	Occupation		
C. Full Name, Mailing Address and ZIP Code D.L. Evans Bank 397 N. Overland Ave. Burley, Id 83318 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	TCD Interest	03/27/00	703.65
	Occupation	06/27/00	703.87
	Aggregate Year-to-Date > \$	Total	1407.52
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	1419.75
TOTAL This Period (last page this line number only)	1419.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.L. Evans Bank 397 N. Overland Ave. Burley, Id 83318	Federal Tax Deposit TT & L Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/00	363.00
B. Full Name, Mailing Address and ZIP Code Idaho State Tax Commission P.O. Box 56 Boise, Idaho 83756	Purpose of Disbursement Idaho Income Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/00	224.00
C. Full Name, Mailing Address and ZIP Code Justice Kathy Silak Campaign 2000 P.O. Box 2631 Boise, Id 83701-2631	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/00	100.00
D. Full Name, Mailing Address and ZIP Code Justice Kathy Silak Campaign 2000 P.O. Box 2631 Boise, Id 83701-2631	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/22/00	100.00
E. Full Name, Mailing Address and ZIP Code Campaign to Elect Kathy Richmond HC 67 Box 680 Clayton, Idaho 83227	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/22/00	100.00
F. Full Name, Mailing Address and ZIP Code Committee to Elect Fawn Hamm C/O Carolyn Boyce 9205 Overland Road Boise, Idaho 83709	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/22/00	100.00
G. Full Name, Mailing Address and ZIP Code Honey for Sherifs 5892 N. Cobbler Lane Boise, Id 83703	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	50.00
H. Full Name, Mailing Address and ZIP Code DNC Federal Victory Fund 430 S. Capitol St. S.E Washington, DC 20003	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1287.00

TOTAL This Period (last page this line number only)

1287.00

LOANS

Name of Committee (in Full) John Evans for Senate Committee			
A. Full Name, Mailing Address and ZIP Code of Loan Source David L. Evans	Original Amount of Loan 2000.00	Cumulative Payment To Date 1500.00	Balance Outstanding at Close of This Period 500.00
Election: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Terms: Date Incurred <u>01/02/87</u> Date Due <u>NONE</u> Interest Rate _____ % (apr) L. Secured <input type="checkbox"/>			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured <input type="checkbox"/>			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

