#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :						rt By :	•	CANDI	DATE		соми	AITTEE / LOBBYIST					
Name of Filing C	ommittee, Candid	ate or L	obbyist:	k	KATIE	EVA	NS	FOR RE	PRESE	NTAT	IVE					•	
Street Address:																	
City:	LEWISBURG							State:	PA			Zip Cod	de: 17	7837-6	724		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2.		DA IMA		POST-	3. <b>X</b>		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE-	- 5.		DA ECT	Y I	POST- 6.			TERMINA REPORT		Yes	No		<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020					IG METHO				PAPER / DI			DISKE	TTE	
Name of Office S	ought by Candida	te:						DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
	-							МО	DAY	YE	AR		1	DEN	1		
								11		3	2020		(SEE IN	STRUCTIO	ONS FOR (	CODES	)
	Receipts and	МО	DAY YE	AR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		5 19	20	20	то		6		22	2020						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	lule I	)	\$			8,3	375.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			8,3	375.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,0	52.32						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			7,3	22.68						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sche	dule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			5,0	50.00			•			
			Al	FFI	[DAV	IT S	SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign here	e. I1	f this	is a (	Can	didate r	eport, d	andi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, incl ete.	uding the	attached schedu	ıles	filed o	n pap	er o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tr	ue,
Sworn to and subs	cribed before me this day of	;	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re				_						Prin	ted Name	e			
My Commission Ex	cpires											Ema	il				_
	МО	D/	AY Y	YR					Are	ea Cod	le	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized Cor	nm	ittee,	Cano	dida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and belief t	his į	politic	al cor	mmi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature (	of Candid	ate			_
						_						Printe	d Name				-
My Commission Exp	Signature					_			Email					-			
,						_											₋┃
	МО	D	AY	ΥR					Area	Code		D	aytime T	elephon	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period						
KATIE EVANS FOR REPRESENTATIVE	From:	<u>5/19/202</u>	<u>!0</u> To:	6/22/2020			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g Period	(1)	\$	450.00			
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)							
Contributions Received From Political Committees (Part A)			\$	0.00			
All Other Contributions (Part B)	\$	1,275.00					
TOTAL for the Reporting	g Period	(2)	\$	1,275.00			
3. Contributions Received Over \$250.00 (From Part C and Part D)							
Contributions Received From Political Committees (Part C)			\$	0.00			
All Other Contributions (Part D)			\$	6,650.00			
TOTAL for the Reporting	g Period	(3)	\$	6,650.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	8,375.00			

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period					
		F	rom:		То	:		
				DATE			AMOUNT	
Full Name of Contributing Committee				DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)								

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Nan	ne of Filing Committee or Candida	te		Rep	orting P	eriod			
KAT	TIE EVANS FOR REPRESENTATIVE	<u> </u>		Fro	m:	5/19/	2020 <b>T</b> o	<b>)</b> :	6/22/2020
				ı		DATE			AMOUNT
Full N	ame of Contributor				мо	DAY	YEAR		
MART	HA BLESSING				1-10	DAI	ILAK		
Mailin	g Address							\$	100.00
City	SELINSGROVE	State	Zip Code (Plus 4	•)	5	20	2020		
		PA	17870						
Full N	ame of Contributor				МО	DAY	YEAR		
MART	HA BLESSING				МО	DAT	TEAR		
Mailin	g Address		_					\$	100.00
City	SELINSGROVE	State	Zip Code (Plus 4	)	5	21	2020		
		PA	17870						
Full N	ame of Contributor				МО	DAY	YEAR		
CORD	ELL AFFELDT				МО	DAT	TEAR		
Mailin	g Address							\$	100.00
City	HARRISBURG	State	Zip Code (Plus 4	•)	6	17	2020		
		PA	171022807						
Full N	ame of Contributor				МО	DAY	YEAR		
LINDA	A S. KNEPP				МО	DAT	TEAK		
Mailin	g Address							<b>\$</b>	100.00
City	SELINSGROBE	State	Zip Code (Plus 4	•)					
		PA	178709492						
Full N	ame of Contributor				МО	DAY	YEAR		
DAVII	) JACOBSEN				М	DAI	ILAK		
Mailin	g Address							\$	100.00
City	LEWISBURG	State	Zip Code (Plus 4	<b>(</b> )					
		PA	17837						
Full N	ame of Contributor				МО	DAY	YEAR		
SHAR	ON KOPPEL				МО	DAT	TEAK		
Mailin	g Address							\$	100.00
City	MIFFLINBURG	State	Zip Code (Plus 4	)					
		PA	17844						
Full Name of Contributor				мо	DAY	YEAR			
JANET JONES				MO	DAY	TEAK			
Mailing Address							\$	100.00	
City	LEWISBURG	State	Zip Code (Plus 4	)					
		PA	17837						

Full N	lame of Contributor						
STEV	E WHITE			МО	DAY	YEAR	
Mailin	ng Address						<b>\$</b> 125.0
City	MIFFLINBURG	State	Zip Code (Plus 4)	6	19	2020	
		PA	17844				
Full N	lame of Contributor			мо	DAY	YEAR	
CATHY PERRY					DAI	ILAK	
Mailing Address							<b>\$</b> 100.0
City	SEVERN	State	Zip Code (Plus 4)	6	21	2020	
		MD	21144				
Full N	lame of Contributor			мо	DAY	YEAR	
SUSA	N OVERDORF			140	DA1	ILAK	
Mailing Address							
Mailin	ng Address						\$ 100.0
Mailin City	ng Address LEWISBURG	State	Zip Code (Plus 4)	6	22	2020	\$ 100.0
		State PA	<b>Zip Code (Plus 4)</b> 17837	6	22	2020	\$ 100.0
City							\$ 100.0
City Full N	LEWISBURG			6 <b>MO</b>	22 DAY	2020 YEAR	\$ 100.0
Full N MARY	LEWISBURG						\$ 100.0 \$ 250.0
Full N MARY	LEWISBURG  Jame of Contributor  V. ZIMMERMAN						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 1,275.00

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0.0	00
Mailing Address							<b>-</b>   \$	0.0	טע
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec				n 3.			\$	0.00	)

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Repo	orting Per	eporting Period					
KATIE EVANS FOR REPRESENTATIVE				Fron	1:	<u>5/19/2</u>	<u>020</u> To	:	6/22/2020		
					DA	ATE .		,	AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	Ι.			
KATHLEEN EVANS					MO	DAT	TEAR	\$	50.00		
Mailing Address					5	2	2020				
City LEWISBURG	State	Zip	Code (Plus	4)		2	2020				
	<sub>PA</sub>	17	8376724								
Employer Name					Occupat	ion					
Employer Mailing Address/Principal Place of Business City					State		Zip Co	de (Plus 4)			
Full Name of Contributor											
KATHLEEN EVANS					МО	DAY	YEAR	\$	5,000.00		
Mailing Address					_	10	2020	7			
City LEWISBURG	State	Zip	Code (Plus	4)	5	12	2020				
	PA	<sub>17</sub> ;	8376724								
Employer Name					Occupat	ion					
Employer Mailing Address/Principal Plac	ce of Business		City			State		Zip Co	de (Plus 4)		
Full Name of Contributor											
JACQUELYN PAUL							YEAR				
					МО	DAY	ILAK	\$	300.00		
Mailing Address								-	300.00		
Mailing Address  City LEWISBURG	State	Zip	Code (Plus	4)	<b>МО</b>	5	2020	-	300.00		
	State PA		Code (Plus	4)				-	300.00		
			-	4)		5					
City LEWISBURG	PA		-	4)	6	5	2020	PLOYE			
City LEWISBURG  Employer Name	PA		837	4)	6 Occupat	ion State	2020 NOT EM	PLOYE	D de (Plus 4)		
City LEWISBURG  Employer Name  Employer Mailing Address/Principal Place	PA		837	4)	6	5 ion	2020	PLOYE	D		
City LEWISBURG  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor	PA		837	4)	6 Occupat	5 ion State	2020 NOT EM	PLOYEI Zip Co	D de (Plus 4)		
City LEWISBURG  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  MARY T. LOTSPEICH	PA	17	837		6 Occupat	ion State	2020 NOT EM	PLOYEI Zip Co	D de (Plus 4)		
City LEWISBURG  Employer Name Employer Mailing Address/Principal Place  Full Name of Contributor  MARY T. LOTSPEICH  Mailing Address	PA ce of Business	17	City		6 Occupat	5 ion State	2020 NOT EM	PLOYEI Zip Co	D de (Plus 4)		
City LEWISBURG  Employer Name Employer Mailing Address/Principal Place  Full Name of Contributor  MARY T. LOTSPEICH  Mailing Address	PA Se of Business	17	City  Code (Plus		6 Occupat	5 ion State DAY	2020 NOT EM YEAR 2020	PLOYED Zip Co	D de (Plus 4)		
City LEWISBURG  Employer Name Employer Mailing Address/Principal Place  Full Name of Contributor  MARY T. LOTSPEICH  Mailing Address  City LEWISBURG	PA Se of Business State PA	17	City  Code (Plus		Occupat	5 ion State DAY	2020 NOT EM YEAR 2020	PLOYEL Zip Co	250.00		

Full Name of Contributor									
MARY T. LOTSPEICH				МО	DAY	YEAR	\$	50.00	
Mailing Address				6	18	2020	1		
City LEWISBURG	State	Zi	p Code (Plus 4)		10	2020			
	l <sub>PA</sub>	1 17	78371518						
Employer Name SELF				Occupat	Occupation CLINICAL SOCIAL WORKER				
Employer Mailing Address/Princip	al Place of Business		City	State			Zip Code (Plus 4)		
			LEWISBURG		PA		17837		
Full Name of Contributor				МО	DAY	YEAR		500.00	
JAMES KNIGHT					DAI	ILAK	\$	500.00	
Mailing Address									
City LEWISBURG	State	Zi	p Code (Plus 4)						
	I <sub>PA</sub>	1 17	7837				1		
Employer Name BUCKNELL UNIV	VERSITY			Occupation DIRECTOR					
Employer Mailing Address/Princip	al Place of Business		City	State			Zip Code	(Plus 4)	
			LEWISBURG		PA		17837		
Full Name of Contributor				МО	DAY	YEAR			
MARILYN L MURPHY				1410	DAT	TEAR	\$	500.00	
Mailing Address				- 6	10	2020	1		
City LEWISBURG	State	Zi	p Code (Plus 4)		10	2020			
	I <sub>PA</sub>	1 17	7837						
Employer Name				Occupat	tion	RETIRE	)		
Employer Mailing Address/Principal Place of Business City				State		Zip Code	(Plus 4)		
							PAG	SE TOTAL	
er Grand Total of Part C on Schedule I, Detailed Summary Page, Section				ion 3.				•	

6,650.00

### OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	ıs 4)						
Receipt Description		<b>.</b>			•				
Futor Crowd Total of Book	F an Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, Se	ection	4.			\$	0.00	

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od							
KATIE EVANS FOR REPRESENTATIVE	From:	<u>5/19/2020</u> <b>To:</b>	6/22/2020						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)									
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00						

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Ca	lame of Filing Committee or Candidate				Reporting Period					
						To:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b> </b>	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	•	<b>!</b>	!			•				
Enter Grand Total of Dart E	on Schodulo II. In Vi	nd Contributions Dotai	ilad Sum	mary Ba	ao [		DACE TOTAL			
Enter Grand Total of Part F Section 2.	on Schedule II, In-Ki	na contributions Detai	ileu Sun	шагу Ра	ge,		PAGE TOTAL			
						\$	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Reporting Period					
				Fro	m:		To:			
						DATE			AMOUNT	-
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor				Occupation						
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribut	ion
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TO	TAL
Summary Page, Section 3.					-					0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
KATIE EVANS FOR REPRESENTATIVE	From	5/19/2020	То:	<u>6/22/2020</u>	
	DATE			AMOUNT	

					DATE	AMOUNT				
To Whom Paid				мо	DAY	YEAR				
FIRST NATIONAL BANK/HARLAND AND CLARKE				1-10						
Mailing Address				5	13	2020	\$	16.5		
City HERMITAGE	S	State	Zip Code (Plus 4)	Descrip						
	P	PA	16148	CHECK						
To Whom Paid				мо	DAY	YEAR				
CANISTER				М		ILAK				
Mailing Address				5	28	2020	\$	212.00		
City LEWISBURG	S	State	Zip Code (Plus 4)	Description of Expenditure						
	P	PA	17837	PHOTOS FOR WEBSITE						
To Whom Paid				МО	DAY	YEAR				
DECAL DYNASTY										
Mailing Address			5	28	2020	\$	428.82			
City LEWISBURG	ty LEWISBURG State Zip Code (Plus 4) Description					enditure	•			
	P	PA	17837	YARD SIGNS						
To Whom Paid				МО	DAY	YEAR				
LIZ CLINE										
Mailing Address			6	17	2020	\$	395.00			
City WOODSTOCK	s	State	Zip Code (Plus 4)	Descrip						
	NY 12498				E DESIGN					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL					
Enter Grand Total of	Expenditures on	Page 1, Kepor	t Cover Page, Item D	•			\$	1,052.32		
							l			

### STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period								
KATIE EVANS FOR REPRESENTATIVE				From:	<u>5/19/2020</u> <b>To:</b>				6/22/2020		
					DATE				Outstanding Balance of Debt		
Name of Creditor KATHLEEN EVANS					мо	DAY	YEAR				
Mailing Address	Mailing Address							<b>-</b>	<b>;</b>	5,050.00	
City LEWISBURG		State	Zip Code (P	lus 4)	Description of Debt						
		PA	17837		PERSONAL LOAN FROM CANDIDATE TO COMMITTEE						
									PAGE	TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$		5,050.00			