

Campaign Finance Report

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

Filer Identification Number :		20200242		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: KATIE EVANS FOR REPRESENTATIVE												
Street Address:												
City: LEWISBURG						State: PA		Zip Code: 17837-6724				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	DEM			
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	19	2020		6	22	2020				
A. Amount Brought Forward From Last Report						\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		8,375.00				
C. Total Funds Available (Sum Of Lines A and B)						\$		8,375.00				
D. Total Expenditures (From Schedule III)						\$		1,052.32				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		7,322.68				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		5,050.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

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

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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 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 Period (3)	\$ 6,650.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 8,375.00
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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			
				From:		To:	
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

PART B

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)**

Name of Filing Committee or Candidate KATIE EVANS FOR REPRESENTATIVE				Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>			
				DATE		AMOUNT	
Full Name of Contributor MARTHA BLESSING				MO	DAY	YEAR	\$ 100.00
Mailing Address				5	20	2020	
City SELINGSGROVE	State PA	Zip Code (Plus 4) 17870					
Full Name of Contributor MARTHA BLESSING				MO	DAY	YEAR	\$ 100.00
Mailing Address				5	21	2020	
City SELINGSGROVE	State PA	Zip Code (Plus 4) 17870					
Full Name of Contributor CORDELL AFFELDT				MO	DAY	YEAR	\$ 100.00
Mailing Address				6	17	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022807					
Full Name of Contributor LINDA S. KNEPP				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City SELINGSGROBE	State PA	Zip Code (Plus 4) 178709492					
Full Name of Contributor DAVID JACOBSEN				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City LEWISBURG	State PA	Zip Code (Plus 4) 17837					
Full Name of Contributor SHARON KOPPEL				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City MIFFLINBURG	State PA	Zip Code (Plus 4) 17844					
Full Name of Contributor JANET JONES				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City LEWISBURG	State PA	Zip Code (Plus 4) 17837					

Full Name of Contributor STEVE WHITE			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	19	2020	
City MIFFLINBURG	State PA	Zip Code (Plus 4) 17844				
Full Name of Contributor CATHY PERRY			MO	DAY	YEAR	\$ 100.00
Mailing Address			6	21	2020	
City SEVERN	State MD	Zip Code (Plus 4) 21144				
Full Name of Contributor SUSAN OVERDORF			MO	DAY	YEAR	\$ 100.00
Mailing Address			6	22	2020	
City LEWISBURG	State PA	Zip Code (Plus 4) 17837				
Full Name of Contributor MARY V. ZIMMERMAN			MO	DAY	YEAR	\$ 250.00
Mailing Address			6	9	2020	
City LEWISBURG	State	Zip Code (Plus 4) 178371910				

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

PAGE TOTAL

\$ 1,275.00

			DATE			AMOUNT
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	0.00

PART D
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 KATIE EVANS FOR REPRESENTATIVE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE	AMOUNT
Full Name of Contributor KATHLEEN EVANS				MO	\$ 50.00
Mailing Address City LEWISBURG State PA Zip Code (Plus 4) 178376724				5	
				2 2020	
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business				City	State
				Zip Code (Plus 4)	
Full Name of Contributor KATHLEEN EVANS				MO	\$ 5,000.00
Mailing Address City LEWISBURG State PA Zip Code (Plus 4) 178376724				5	
				12 2020	
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business				City	State
				Zip Code (Plus 4)	
Full Name of Contributor JACQUELYN PAUL				MO	\$ 300.00
Mailing Address City LEWISBURG State PA Zip Code (Plus 4) 17837				6	
				5 2020	
Employer Name				Occupation NOT EMPLOYED	
Employer Mailing Address/Principal Place of Business				City	State
				Zip Code (Plus 4)	
Full Name of Contributor MARY T. LOTSPEICH				MO	\$ 250.00
Mailing Address City LEWISBURG State PA Zip Code (Plus 4) 178371518				5	
				21 2020	
Employer Name SELF				Occupation CLINICAL SOCIAL WORKER	
Employer Mailing Address/Principal Place of Business				City LEWISBURG	State PA
				Zip Code (Plus 4) 17837	

Full Name of Contributor MARY T. LOTSPEICH			MO 6	DAY 18	YEAR 2020	\$ 50.00
Mailing Address						
City LEWISBURG	State PA	Zip Code (Plus 4) 178371518				
Employer Name SELF			Occupation CLINICAL SOCIAL WORKER			
Employer Mailing Address/Principal Place of Business		City LEWISBURG	State PA		Zip Code (Plus 4) 17837	

Full Name of Contributor JAMES KNIGHT			MO	DAY	YEAR	\$ 500.00
Mailing Address						
City LEWISBURG	State PA	Zip Code (Plus 4) 17837				
Employer Name BUCKNELL UNIVERSITY			Occupation DIRECTOR			
Employer Mailing Address/Principal Place of Business		City LEWISBURG	State PA		Zip Code (Plus 4) 17837	

Full Name of Contributor MARILYN L MURPHY			MO	DAY	YEAR	\$ 500.00
Mailing Address						
City LEWISBURG	State PA	Zip Code (Plus 4) 17837				
Employer Name			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business		City	State		Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 6,650.00

PART E 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 or Candidate	Reporting Period
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
----------------------------------------------	-------------------------------------------------------------------------------------------

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

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

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FIRST NATIONAL BANK/HARLAND AND CLARKE				
Mailing Address	5	13	2020	\$ 16.50
City HERMITAGE	State PA	Zip Code (Plus 4) 16148	Description of Expenditure CHECK ORDER	
To Whom Paid	MO	DAY	YEAR	
CANISTER				
Mailing Address	5	28	2020	\$ 212.00
City LEWISBURG	State PA	Zip Code (Plus 4) 17837	Description of Expenditure PHOTOS FOR WEBSITE	
To Whom Paid	MO	DAY	YEAR	
DECAL DYNASTY				
Mailing Address	5	28	2020	\$ 428.82
City LEWISBURG	State PA	Zip Code (Plus 4) 17837	Description of Expenditure YARD SIGNS	
To Whom Paid	MO	DAY	YEAR	
LIZ CLINE				
Mailing Address	6	17	2020	\$ 395.00
City WOODSTOCK	State NY	Zip Code (Plus 4) 12498	Description of Expenditure WEBSITE DESIGN	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 1,052.32

SCHEDULE IV

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 KATIE EVANS FOR REPRESENTATIVE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

			DATE	Outstanding Balance of Debt
Name of Creditor KATHLEEN EVANS			MO	DAY
Mailing Address			YEAR	
City LEWISBURG				\$ 5,050.00
State PA	Zip Code (Plus 4) 17837	Description of Debt PERSONAL LOAN FROM CANDIDATE TO COMMITTEE		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL \$ 5,050.00