Commonwealth of Pennsylvania

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**	✓	**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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes		No	✓
6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. **X**	TERMINATION REPORT?	Yes		No	✓
ANNUAL REPORT	7.	**Year** 2020		**FILING METHOD ( ) CHECK ONE**		**PAPER**	✓	**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**		**MO**	**DAY**	**YEAR**	**FOR OFFICE USE ONLY**
	10	20	2020	**TO**	11	23	2020	

A. Amount Brought Forward From Last Report	$	10,485.40
B. Total Monetary Contributions And Receipts (From Schedule I)	$	255.00
C. Total Funds Available (Sum Of Lines A and B)	$	10,740.40
D. Total Expenditures (From Schedule III)	$	10,712.02
E. Ending Cash Balance (Subtract Line D From Line C)	$	28.38
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

My Commission Expires

_____
MO **DAY** **YR**

_____
Signature of Person Submitting Report

_____
Printed Name

_____
Email

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

My Commission Expires

_____
MO **DAY** **YR**

_____
Signature of Candidate

_____
Printed Name

_____
Email

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: 10/20/2020 To: 11/23/2020

1. Unitemized Contributions Received - $ 50.00 or Less Per Contributor		
TOTAL for the Reporting Period (1)	$	255.00

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)	$	0.00
TOTAL for the Reporting Period (2)	$	0.00

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)	$	0.00
TOTAL for the Reporting Period (3)	$	0.00

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.)	$	255.00

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 From: To:

	DATE			AMOUNT
Full Name of Contributing Committee	**MO**	**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.

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	Reporting Period From: To:

Full Name of Contributor			DATE MO	DAY	YEAR	AMOUNT
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.

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.

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

Full Name of Contributing Committee			DATE MO	DAY	YEAR	AMOUNT
Mailing Address						$ 0.00
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	Reporting Period From: To:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
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
$ 0.00

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 From: To:

			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: 10/20/2020 To: 11/23/2020

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 RECIEVED - 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	
Mailing Address						$ 0.00
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

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

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

Full Name of Contributor			MO	DAY	YEAR	DATE / AMOUNT
Mailing Address						$ 0.00
City	State	Zip Code(Plus 4)				
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)		Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE TOTAL 0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
KATIE EVANS FOR REPRESENTATIVE	From 10/20/2020 To: 11/23/2020

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	Date (MO / DAY / YEAR)	Amount	Description of Expenditure
HOSTERMAAN PHOTOGRAPHY		MONTANDON	PA	17850	11 / 4 / 2020	$ 7,686.07	DESIGN & DISTRIBUTION OF MAILING
US POSTAL SERVICE		LEWISBURG	PA	17837	11 / 5 / 2020	$ 26.35	OVERNIGHT MAIL REPORT
CRATE & FREIGHT PLUS		LEWISBURG	PA	17837	11 / 5 / 2020	$ 27.83	NOTARY SERVICES AND COPIES
1&1 IONOS INC.		CHESTERBROOK	PA	19087	11 / 5 / 2020	$ 3.06	WEBSITE SOFTWARE
THE ACTION NETWORK		WASHINGTON	DC	20036	11 / 17 / 2020	$ 10.00	NETWORKING
GET THRU		ALAMEDA	CA	945010690	11 / 18 / 2020	$ 838.86	MESSAGING PLATFORM

To Whom Paid			MO	DAY	YEAR	
RYAN SHABANHANG						
Mailing Address			11	11	2020	$ 150.00
City LEWISBURG	**State** PA	**Zip Code (Plus 4)** 17837	**Description of Expenditure** PHONE BANKING			

To Whom Paid			MO	DAY	YEAR	
THEA COMAS						
Mailing Address			11	11	2020	$ 360.00
City LEWISBURG	**State** PA	**Zip Code (Plus 4)** 17837	**Description of Expenditure** PHONE BANKING (2 PAYMENTS)			

To Whom Paid			MO	DAY	YEAR	
CATE JACOBSEN						
Mailing Address			11	11	2020	$ 300.00
City LEWISBURG	**State** PA	**Zip Code (Plus 4)** 17837	**Description of Expenditure** PHONE BANKING			

To Whom Paid			MO	DAY	YEAR	
ACT BLUE						
Mailing Address			11	4	2020	$ 46.92
City SOMERVILLE	**State** MA	**Zip Code (Plus 4)** 02144	**Description of Expenditure** FUNDRAISING			

To Whom Paid			MO	DAY	YEAR	
VANTIVE						
Mailing Address			11	10	2020	$ 97.16
City CINCINNATI	**State** OH	**Zip Code (Plus 4)** 45249	**Description of Expenditure** MANAGEMENT OF FUNDRAISING PROCEEDS			

To Whom Paid			MO	DAY	YEAR	
FACEBOOK						
Mailing Address			11	12	2020	$ 129.77
City MENLO PARK	**State** CA	**Zip Code (Plus 4)** 94025	**Description of Expenditure** ADVERTISING (2 PAYMENTS)			

To Whom Paid			MO	DAY	YEAR	
CLICKUP						
Mailing Address			11	20	2020	$ 36.00
City SAN DIEGO	**State** CA	**Zip Code (Plus 4)** 92101	**Description of Expenditure** DATA MANAGEMENT			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	**PAGE TOTAL** $ 9,712.02

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	Reporting Period
KATIE EVANS FOR REPRESENTATIVE	From: 10/20/2020 To: 11/23/2020

Name of Creditor	DATE MO	DAY	YEAR	Outstanding Balance of Debt
KATHLEEN (KATIE) EVANS				
Mailing Address	6	2	2020	$ 5,050.00

City	State	Zip Code (Plus 4)	Description of Debt
LEWISBURG	PA	17837	FUNDING BY CANDIDATE

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL
	$ 5,050.00