Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 12 (COVER PAGE)

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

Filer Identification Number:			Report Filed By:		CANDIDATE	X	COMM	TTEE	" 1.ŏ	BBYIST 3.
Name of Filing Committee \mathcal{NED}	ee, Candidate or Lobbyist: EVANS									
Street Address: 143 L	AIRD STR	EET								
WILKES		g and the stage of the left of the stage of	s munika addigana ya kupusaya kwapula mwalika ya sasa		State: PA		Zip Cod /8	705	<u> </u>	
TYPE OF REPORT	6TH TUESDAY 1. PRE-PRIMARY	2ND FRIDA PRE-PRIMA			DAY ST PRIMARY	3.	AMENDA REPORT?		YES	NO
(place X to	8TH TUESDAY: 4. PRE-ELECTION	2ND FRIDA	· · · · · · · · · · · · · · · · · · ·		DAY ST ELECTION	6.	TERMINA REPORTA	TION	YĘS	NO:
the right of	ANNUAL 7. REPORT	YEAR			G METHOD CHECK ONE	>	PAPE	B	DIS	KETITE K
Name of Office Sought t	oy Candidate:		erenggija mija seneklija iha nitana kulik	D) Mo	ATE OF ELEC	TION	District Number	Office Code	Party Code	
	and the second section of the	040044		a ^t	5 18 20	021		(SEE INS	TRUCTION	S FOR CODES)
	·	DAY YE	AR	МО	V DAY YE	AR		OR OFFI	CE USE	ONLY
Summary of Rec and Expenditures			7		. 1	7 1				
A. Amount Brought F	orward From Last Rep	ort	\$		0					
B. Total Monetary Co	ntributions and Receipt	s (From Sche	edule I) \$		0					ý
C. Total Funds Availab	ole (Sum of Lines A a	nd B)	\$		0				202	
D. Total Expenditures	(From Schedule III)		\$	·	0	a construction of		m 200		1944 247 M 247 M
E. Ending Cash Balanc	e (Subtract Line D fro	om Line C)	\$		0			P	1	
F. Value of In-Kind (Contributions Received	(From Sched	ule II) \$	(3			S	-	
G. Unpaid Debts and	Obligations (From Sche	dule IV)	\$		5			-		
			AFFIDAVIT S	ECTIO				8 M 7	4 b	
PART I - If this is a	Committee report, tr					ort, car	ndidate s	ign here.		
I swear (or affirm) that correct and complete.	this report, including the	attached schedu	iles, on paper	or comp	outer diskette, a	ere to th	e best of	my know	ledge and	belief true,
Sworn to and subscribe	d before me this		-							
day of		20			Signa	ature of	Person Su	ıbmitting	Report	
	Signature		— }			P	rinted Nan	ne		
My commission expires	MO. DAY	YR.	– J		Area Code		Da	ytime Te	lephone Nu	ımber
PART II this is a	i√report of a Candidat	e's Authoriza	d Committe	e. can	didate shall sid	on here				
(to the best of my knowle							s ef the	Act of Jui	ne 3, 1937
Sworn to and subscribe	d before me this		_		M		6	1		
6day of	MAY	20_	21	-	1/1	STonleti	re of Can	didate		
Denjumin	P. Cima	ella_	}		/	Å/£	0/	VA	US	
My commission expires	Signature JUNC 12 MO. DAY	<i>303 (</i> ∀8.	_	<u>s</u>	Area Code	~ Рі —	rinted Nam	(2)-	236	22
A STATE OF THE PROPERTY OF THE STATE OF THE	Commonwealth of	CONTRACTOR OF SAME AND	otoni Cari	Andrews as a	Area Code	erroman er en en en	Da	ytimé Tel	ерполе №	imber

Commonwealth of Pennsylvania - Notary Seal Benjamin P. Ciavarella, Notary Public Luzerne County My commission expires June 12, 2022

Commission number 1026820

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri		142/ = 2 7/12
NED EVANS	From <u>3-1</u>	10 C	26/105-3-262
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LES	S PER CONT	RIBU	TOR
TOTAL for the Reporting Perio	od (1)	\$	Ø
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	r Bl		
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Perio	od (2)	\$	<u> </u>
	e <u>anno 1996 de la presenció de la colo</u>	and the second	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Perio	od (3)	\$	0
		* *	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED O	CHECKS, ETC	;; (FR	IOM PART E)
TOTAL for the Reporting Perio	od (4)	\$	0
	A STATE OF THE STA		
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 Page 1, Report Cover Page, Item B.)		\$	0

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 NED EVAN	5			Reporting From	Period 3-18-0	702/7053-202/
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	-YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee			-Mo.	DAY.	YEAR	\$
Mailing Address		-	- MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	- DAY	YEAR	\$
Full Name of Contributing Committee	Tally sour permon depo		_∴MO.`	DAY	YEAR	\$
Mailing Address			∵ мо.:	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
Full Name of Contributing Committee			Mio.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			/ МО.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	- MO,	S STDAY	YEAR	\$
Full Name of Contributing Committee			МО		YEAR	\$
Mailing Address			MO.	DAY		\$
City	State	Zip Code (Plus 4)	ं Mō∓	DAY	YEAR	\$
Full Name of Contributing Committee			-MO.	- DAY	YEAR	\$
Mailing Address			: MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.			\$
Full Name of Contributing Committee				DAY		\$
Mailing Address			· MO	DAY	YEAR.	\$
City	State	Zip Code (Plus 4) 	.∵Mo.	DAY	YEAR	\$
Enter Grand Total of Part A on Sched	ule I,	Detailed Summar	y Page	s, Sectio	on 2.	PAGE TOTAL \$

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			R	eporting		
Name of Filing Committee or Candidate NED EVANS				From 3	1820	12/ To 5-3-202/
				DATE		AMOUNT
Full Name of Contributor	50±50400540540		MO	- DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	мо.	- DAY	YEAR	\$
Full Name of Contributor	hussad senjektilistö		MO.	DAY	YEAR	\$
Mailing Address		n and the second of the second	MO.	DAY	YEAR	
	Ctata	Zin Codo (Blue A)		11		\$
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Full Name of Contributor			. ::MO. ::	DAY.	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	Мо	DAY	YEAR	\$
Full Name of Contributor	ti generative i seri		мо.	DAY	YEAR	\$
Mailing Address			МО	- DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	мо.	DAY	YEAR	\$
Full Name of Contributor	16.00 v. g. 19.10 v. g. 19.10	a kitan apama masaka merinsa menanci ka ana ilika dibirtan appaga asal dibibangga salah i	- MO.	- DAY	YEAR	\$
Mailing Address			мо. «	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	latorer ger i typ 48		MO.	DAY	YEAR	
Malling Address	· 		MO	DAY	YEAR	<u>\$</u>
City	State	Zip Code (Plus 4)				\$
orcy	Jizie		MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY.	YEAR	, \$
Mailing Address			мо.	- DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$
Full Name of Contributor	anergio di <u>n</u> flazio		MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
	F 500 (A) 50 (a) 1 1 1 2 2		A STATE OF STREET			PAGE TOTAL
Enter Grand Total of Part B on Sched	ule I,	Detailed Summary	Page,	Section	າ 2.	\$ 0

PART C

PAGE <u>5</u> OF 10

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

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

Name of Filing Committee or Candidate	•			Reporting		~ /
NED EVANS	>	- MARIA		ئىFrom	-18-2	02/ To 53-202/
				DATE	Continue to the control of the contr	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<i>A</i>
						\$
City	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
TO THE OF CONTINUENT CONTINUES						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee	dona producerna na rustina		MO.	. DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$
	Secure diagram di proprio de la companya de la comp				YEAR	Ψ
Full Name of Contributing Committee			- MO.	DATE	1 TEMP	\$
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Мог	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1	51 10 8 0 0 0	- VEND	Ψ
orty	3000	-	MO.	DAY	YEAR-	\$
Full Name of Contributing Committee			∴MO-	_ DAY	YEAR	\$
Mailing Address						3
Matting Addiess			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- MO.	DAY	YEAR	¢.
			,	an all and a superior and a superior		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	· · MO	DAY	YEAR	\$
Full Name of Contributing Committee		ৰক্ষেত্ৰটো মূল সংগ্ৰহ কাৰ্য্যক্ষিত কৰে। এই ^{মিনা মি} লা সং	MO,	DAY	YEAR	
-						\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			∴MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			the secretary and the second			PAGE TOTAL
F	da in info de la	D. (-12-1-1-0	Ps	0. 4		"
Enter Grand Total of Part C on Sc	nedule i,	Detailed Summar	y Page	, Sectio	n 3.	\$ ()

PAGE 6 OF 12

Reporting Period

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

DSEB-502 (7-99)

NED EVANS				From 💆	-18-0	10 <u>5-5-20</u> 01
				DATE		AMOUNT
Full Name of Contributor	Astronomy research september	•	MO.	DAY	YEAR	\$
Mailing Address			- MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	МО.	DAY	YEAR	\$
Employer Name	Ł		Occupati	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			- Mo.	P DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Employer Name	1		Occupati	on		
Employer Mailing Address/Principal Place of Business		**************************************				
Full Name of Contributor			- MO.	DAY	YEAR	\$
Mailing Address			. OM.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupati	ón		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor		a gasaran manahingga mga kalangan kalangan kalangan kalangan kalangan kalangan kalangan manahingga manahingga Kalangan kalangan ka	MO.	. · DAY	⊕YEAR (†	\$
Mailing Address			MO.	DAY	RABY	\$
City	State	Zip Code (Plus 4) —	мо	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			- мо,	(≠DAY>	⊕ YEA π ⊊	\$
Mailing Address		. ************************************	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	Mo,	T DAY	YEAR	\$
Employer Name	•		Occupati	on		
Employer Mailing Address/Principal Place of Business			-			
Enter Grand Total of Part D on Sched	dule I	, Detailed Summary	y Page,	Sectio	n 3.	PAGE TOTAL \$

Reporting Period

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.

NBO EVANS	>		Fro	m <i>3-18 20</i>	D/ 105-3-202/
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO: SOD	AY YEAR	Amount \$
Receipt Description					4
Full Name					
	· 				
Majling Address				_	
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	Amount \$
Receipt Description			I		ang ana 1900 na ang at an Alaisa ng ana an mana an an an an ann an an an an an an an
Full Name	gerangsråd en Malikerske.		<u>1932 yn heffin dawrddau'i ac o'i fellid</u>	ementati tarang kelebuah di kelebuah d	
Mailing Address					
City	State	Zip Code (Plus 4)	мо. р	AY YEAR	Amount
		_			\$
Receipt Description					
Full Name		en en konstanten er op en konstanten på de forste f			
Mailing Address					
City	State	Zip Code (Plus 4)	MO D	AY YEAR	Amount
Receipt Description		***			\$
Full Name					
Mailing Address	, C. P.				
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	Amount \$
Receipt Description					¥
Full Name					
Mailing Address	drafter .	III A 4 1-24 U			
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	Amount
, oncy	5.00.0	— —	3V(U ₂	ATOMERON	\$
Receipt Description		·····			
	odisk <mark>e</mark> met i Andre Med XVII.		r 1808 egye iz szörlőgyházások hábal misére 9 ör	estrolus e 1946 e e encentrología de proveto	PAGE TOTAL
Enter Grand Total of Part E on School	lule I, De	etailed Summary	Page, See	ction 4.	\$ \(\rac{1}{2} \)

Name of Filing Committee or Candidate

SCHEDULE II

PAGE 8 OF 12

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 NES EVANS		Reporting Per From 3-18		TO 5-3-20/
1. UNITEMIZED IN-KIND CONTRIBUTI	ONS RECEIVED - VALUE OF	\$50.00 OR L	ESS PER	CONTRIBUTOR
	OTAL for the Reporting Perio	d (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVE	D - VALUE OF \$50.01 TO \$2	50.00 (FRON	I PART F	
7	OTAL for the Reporting Perio	d (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED	- VALUE OVER \$250.00 (FR	OM PART G		
7	OTAL for the Reporting Perio	d (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBU REPORTING PERIOD (Add and enter am and 3; also enter on Page 1, Report C	ount totals from Boxes 1, 2,		\$	Q

PAGE 9 OF 12

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate NED EVANS			R	Reporting From -7		DA/ TO 53 204/
IVWU LVIIV				DATE		AMOUNT
Full Name of Contributor	and the state of t		- MO	DAY	YEAR	\$
Mailing Address			- Mo:	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	1			<u> </u>	1	
Full Name of Contributor		·	MO.	DAY	YEAR	\$
Mailing Address			- MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- Mo.	DAY	YEAR	\$
Description of Contribution:				<u> </u>		
Full Name of Contributor			MO.	- DAY.	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Description of Contribution:			1	<u></u>	<u></u>	
Full Name of Contributor	en den størne jog krimt.		- Mo.	DAY	YEAR	\$
Mailing Address			мо.	· · · · · · · · · · · · · · · · · · ·	YEAR	\$
City	State	Zip Code (Plus 4)	- MO	DAY	YEAR	\$
Description of Contribution:			_1	<u> </u>		<u> </u>
Full Name of Contributor	Same in the Sam Sa <mark>land</mark>		мо.	DAY	YEAR	\$
Mailing Address		, , , , , , , , , , , , , , , , , , ,	Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	_ 11			1	<u></u>	
Full Name of Contributor			MO	DAY-	YEAR	\$
Mailing Address				DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
Description of Contribution:	_1			<u> </u>	1	
Forter County Total of Port F on Colo	السادات	2. Kind Contribution	· · D -	n warang negarangan	omingsapi silonya zaniliz	PAGE TOTAL
Enter Grand Total of Part F on Sche Summary Page, Section 2.	iaule II,	, in-King Contribut	tions De	Ralled		\$ 0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Professional Control	er fessen i Helsenerg ampre Nederlanden de sette forfen en ja filosofiet de República. Transport	F	Reporting	Period	
NED EVANS				From 3	-18-2	W/ TO.5-3-202/
			CONTRACTOR OF THE PARTY OF THE	DATE	Survey to the Survey of State	AMOUNT
Full Name of Contributor	NASA SARA NGCARATA ANG A		Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
	_					\$
Citý	State	Zip Code (Plus 4) -	МО	DAY	YEAR	\$
Employer of Contributor	1 1		Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor	ight, deponents in term	kungandan katan diga sebenggahan dikendenaga mena keluari kendiligan kelipunga di kelabat di	_ MO.	- DAY-	YEAR	\$
Mailing Address		,	Mo	DAY	YEAR	\$
						\$
City	State	Zip Code (Plus 4) —	7-MO.	DAY	≥YEAR:	\$
Employer of Contributor			Occupati	on	<u> </u>	
Employer Mailing Address/Principal Place of Business		-	Descript	ion of Con	tribution	
Full Name of Contributor	TORRA - A - 14- T	and the state of t	Mo.	- DAY	- YEAR	\$
				12	747222233	Э
Mailing Address			MO.	DAY	RABY	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	∵YÉAR:∹	\$
Employer of Contributor	1 1		Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor	Statement Statement		-∵Mo:ే	DAY	YEAR	
						\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Aleman of Cookiling	e engagente en sous est en en		. Mo.:	DAY	- Veda	
Full Name of Contributor			- MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupati	on		
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
	s faster. Vise Vik too		Alle Contact of the control of the control	<u>og s</u> agest finns verbessere haddig	ches in Complete Science	DAGE TOWAL
Enter Grand Total of Part G on School	dule II	, In-Kind Contribu	itions De	etailed		PAGE TOTAL \$

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	60:30:33763763		······································	Reporting	Period	
NED EVANS				From 3	18-2	02/TO 5-3-202/
	ili kerma Sarkara sarana		entropia esta esta esta esta esta esta esta est	lennya ayan ganara sa ang mga Jalilen	Militare i massassasses	eraterieran in de production en de monte in de production en de la company de la company de la company de la c La company de la company d
To Whom Paid			MO.	ĎĀΥ	YEAR	Amount \$
Mailing Address		1.1.2	Descrip	ion of Exp	enditure	Ψ
City	State	Zip Code (Plus 4)				
To Whom Paid	V 162 V 152		: мо.	DAY	YEAR	Amount \$
Mailing Address			Descrip	tion of Exp	enditure	
City	State	Zip Code (Plus 4)				V = 4100 a = 0.000
To Whom Paid			мо.	DAY	YEAR	Amount \$
Mailing Address			Descrip	tion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			-∮:MO	DAY	YEAR	Amount \$
Mailing Address			Descrip	ilon of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	<u>kingo samen, mija k</u>		-МО;	DAY	YEAR	Amount \$
Mailing Address			Descrip	ilon of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			I Mo.	DAY-	YEAR :	Amount \$
Mailing Address		**	Descrip	ion of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO	DAY	YEAR	Amount \$
Mailing Address			Descrip	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				V-10-10-10-10-10-10-10-10-10-10-10-10-10-
To Whom Paid			.⊹Mo.	DAY	YE (R	Amount \$
Mailing Address			Descript	ion of Expe	enditure	
City	State	Zip Code (Plus 4)				
Enter Grand Total of Expenditures on Pag	je 1, F	Report Cover	Page, It	em D.		PAGE TOTAL \$

PAGE 205 12

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			
NED EVANS	and the charge of the control of the		From 3	3-18-2	'W 1053_	762/
Name of Creditor	ACC TAX SOCIAL PARTITIONS AND CONTRACT				Outstanding Balance \$	of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	100	State	Zip Code	(Plus 4)		
Description of Debt	harwannin in the state of	<u> </u>				
Name of Creditor		teretista en ti farredestagia			Outstanding Balance	of Debt
Mailing Address	DATE DEBT	. Mo.	DAY	YEAR	I D	
City	INCURRED	State	Zip Code	(Plus 4)		
Description of Debt	<u> </u>					
Name of Creditor					Outstanding Balance	of Debt
Mailing Address	DATE DEBT	Mo.	DAY	YEAR	<u> </u>	
City	INCURRED	State	Zíp Code	(Plus 4)		
Description of Debt						
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Name of Creditor		promoter (comoter)			Outstanding Balance	of Debt
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Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED DATE DEBT	State	Zip Code	(Plus 4)	\$ Outstanding Balance	
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