

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

Taxpayers for Art Halvorson Committee

ADDRESS (number and street)

P.O. Box 11

Check if different than previously reported. (ACC)

Bedford

PA

15522

2. **FEC IDENTIFICATION NUMBER**

C C00545681

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

PA

09

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY
05 / 01 / 2014

through

MM / DD / YYYY
06 / 30 / 2014

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 Catherine F. Jacobs

Signature of Treasurer Catherine F. Jacobs

[Electronically Filed]

Date

MM / DD / YYYY
07 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8281.94	94658.07
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8281.94	94658.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16085.77	262048.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	225.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15885.77	261823.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7834.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	175000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3879.04	71559.04
(ii) Unitemized.....	2370.14	16576.35
(iii) TOTAL of contributions from individuals ▶	6249.18	88135.39
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2850.00
(d) The Candidate.....	2032.76	3672.68
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8281.94	94658.07
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	175000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	175000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	200.00	225.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8481.94	269883.07

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16085.77	262048.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16085.77	262048.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15438.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8481.94
25. SUBTOTAL (add Line 23 and Line 24).....	23920.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16085.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7834.71

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Taxpayers for Art Halvorson Committee

A. Full Name (Last, First, Middle Initial)
DEBRA BROWNLEE

Mailing Address **2641 HAZEN RICHARDSVILLE ROAD**

City **BROOKVILLE** State **PA** Zip Code **15825**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period
500.00

CHECK

B. Full Name (Last, First, Middle Initial)
DAVID CHANDLER

Mailing Address **6872 BRIGHT PLUME**

City **COLUMBIA** State **MO** Zip Code **21044**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VA** Occupation **AUDIOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period
250.00

CC

C. Full Name (Last, First, Middle Initial)
MARY ANN CLARK

Mailing Address **5 MILLER DRIVE**

City **BLAIRSVILLE** State **PA** Zip Code **15717**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period
250.00

CHECK

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

A. Full Name (Last, First, Middle Initial)
Fyfe's Inspection Garage

Mailing Address 4930 Milligans Cove Rd

City Manns Choice State PA Zip Code 15550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.5035

Amount of Each Receipt this Period
100.00

CHECK

B. Full Name (Last, First, Middle Initial)
Brian P Holmes

Mailing Address 1497 Castlegreen Dr.

City Greencastle State PA Zip Code 17225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Parkway Neuroscience & Spine Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period
1000.00

CC

C. Full Name (Last, First, Middle Initial)
JUDITH HUDSPETH

Mailing Address 13508 NORWICK PLACE

City GAINESVILLE State VA Zip Code 20155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 OFFICER'S CHRISTIAN FELLOWSHIP AREA DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period
130.00

CHECK

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1230.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

A. Full Name (Last, First, Middle Initial)
WILLIAM HUDSPETH

Mailing Address 13508 NORWICK PLACE

City State Zip Code
GAINESVILLE VA 20155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OFFICER'S CHRISTIAN FELLOWSHIP AREA DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period
130.00

CHECK

B. Full Name (Last, First, Middle Initial)
Evelyn H. Kent

Mailing Address 4420 Milligans Cove Rd

City State Zip Code
Manns Choice PA 15550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NA NA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.5003

Amount of Each Receipt this Period
100.00

CHECK

C. Full Name (Last, First, Middle Initial)
GARRY LEACH

Mailing Address 532 PFEIFFER ROAD

City State Zip Code
MARION CENTER PA 15759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
319.04

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.5016

Amount of Each Receipt this Period
319.04

CHECK

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

549.04

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

A. Full Name (Last, First, Middle Initial)
JAY MAHAFFEY

Mailing Address **770 LIVE OAK COURT**

City **MILLERSVILLE** State **MD** Zip Code **21108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NET JETS** Occupation **PILOT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **255.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 04 / 2014

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period
250.00

cc

B. Full Name (Last, First, Middle Initial)
JOHN OLSON

Mailing Address **9593 ANDERSON ROAD**

City **MERCERSBURG** State **PA** Zip Code **17236**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILLARD AGRI SERVICE** Occupation **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 04 / 2014

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period
150.00

cc

C. Full Name (Last, First, Middle Initial)
RAY PORTER

Mailing Address **32 NORTH PIN OAK**

City **BOILING SPRINGS** State **PA** Zip Code **17007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 18 / 2014

Transaction ID : SA11AI.4957

Amount of Each Receipt this Period
100.00

CC

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial) RAY PORTER		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 32 NORTH PIN OAK		Transaction ID : SA11AI.4958
City BOILING SPRINGS	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF EMPLOYED	Occupation INVESTOR	CC
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	

Full Name (Last, First, Middle Initial) RICHARD WHITE		Date of Receipt MM / DD / YYYY 05 / 06 / 2014
Mailing Address 165 DIEHLFIELD ROAD		Transaction ID : SA11AI.5037
City BEDFORD	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation N/A	CHECK
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	3879.04

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

A. Full Name (Last, First, Middle Initial)
Arthur L. Halvorson

Mailing Address P.O. Box 11

City Bedford State PA Zip Code 15522

FEC ID number of contributing federal political committee. **C H4PA09056**

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
76299.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.4973

Amount of Each Receipt this Period
259.70

In-kind - ADVERTISING MATERIALS

B. Full Name (Last, First, Middle Initial)
Arthur L. Halvorson

Mailing Address P.O. Box 11

City Bedford State PA Zip Code 15522

FEC ID number of contributing federal political committee. **C H4PA09056**

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
76039.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.4975

Amount of Each Receipt this Period
806.66

IN KIND - ADVERTISING EXPENSES

C. Full Name (Last, First, Middle Initial)
Arthur L. Halvorson

Mailing Address P.O. Box 11

City Bedford State PA Zip Code 15522

FEC ID number of contributing federal political committee. **C H4PA09056**

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75233.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.4976

Amount of Each Receipt this Period
233.20

In-kind - ADVERTISING PRINT MEDIA

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1299.56

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

A. Full Name (Last, First, Middle Initial)
Arthur L. Halvorson

Mailing Address P.O. Box 11

City Bedford State PA Zip Code 15522

FEC ID number of contributing federal political committee. **C H4PA09056**

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
76532.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.5027

Amount of Each Receipt this Period
233.20

In-kind - ADVERTISING MATERIALS

B. Full Name (Last, First, Middle Initial)
Arthur L. Halvorson

Mailing Address P.O. Box 11

City Bedford State PA Zip Code 15522

FEC ID number of contributing federal political committee. **C H4PA09056**

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
77032.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.5042

Amount of Each Receipt this Period
500.00

In-kind - FUEL

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

733.20

2032.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial) A. COM ANEDOT		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 3RD STREET, SUITE 2B		Amount of Each Disbursement this Period 110.88 Transaction ID : SB17.4982
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CONTRIBUTION FEES	Category/ Type 003
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: PA	District: 09	

Full Name (Last, First, Middle Initial) B. Arthur L. Halvorson		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period 233.20 Transaction ID : SB17.4978
City Bedford	State PA	
Zip Code 15522	Purpose of Disbursement In-kind - ADVERTISING PRINT MEDIA	Category/ Type 004
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: PA	District: 09	

Full Name (Last, First, Middle Initial) c. Arthur L. Halvorson		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period 806.66 Transaction ID : SB17.4979
City Bedford	State PA	
Zip Code 15522	Purpose of Disbursement IN KIND - ADVERTISING EXPENSES	Category/ Type 004
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: PA	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	1150.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial) A. Arthur L. Halvorson		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period 259.70 Transaction ID : SB17.4981
City Bedford	State PA	
Purpose of Disbursement In-kind - ADVERTISING MATERIALS		Category/ Type 004
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

Full Name (Last, First, Middle Initial) B. Arthur L. Halvorson		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period 233.20 Transaction ID : SB17.5028
City Bedford	State PA	
Purpose of Disbursement In-kind - ADVERTISING MATERIALS		Category/ Type 004
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

Full Name (Last, First, Middle Initial) c. Arthur L. Halvorson		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5044
City Bedford	State PA	
Purpose of Disbursement In-kind - FUEL		Category/ Type 002
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	992.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial) A. Catherine F. Jacobs		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. Box 250		Amount of Each Disbursement this Period 4163.88 Transaction ID : SB17.4971
City Manns Choice	State PA	
Zip Code 15550	Purpose of Disbursement PHONE CHARGES	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09	

Full Name (Last, First, Middle Initial) B. BRIAN LIVINGSTON		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 462 INDIAN SPRINGS LANE		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.4961
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement CONSULTING FOR CAMPAIGN MANAGEMENT	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09	

Full Name (Last, First, Middle Initial) C. BRIAN LIVINGSTON		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 462 INDIAN SPRINGS LANE		Amount of Each Disbursement this Period 1625.00 Transaction ID : SB17.4969
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement CONSULTING FOR CAMPAIGN MANAGEMENT	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	4163.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial) A. RON ROBERTSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4962
City BEDFORD	State PA	
Purpose of Disbursement CONSULTING FOR CAMPAIGN PROMOTIONS		Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09	

Full Name (Last, First, Middle Initial) B. RON ROBERTSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4965
City BEDFORD	State PA	
Purpose of Disbursement CONSULTING FOR CAMPAIGN PROMOTIONS		Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09	

Full Name (Last, First, Middle Initial) C. RON ROBERTSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4970
City BEDFORD	State PA	
Purpose of Disbursement CONSULTING FOR CAMPAIGN PROMOTIONS		Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial) A. INC ROCKWOOD STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 421 POPLAR AVENUE		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4963
City NEW CUMBERLAND	State PA	
Zip Code 17070	Purpose of Disbursement CONSULTING FOR CAMPAIGN PROMOTIONS	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 09	

Full Name (Last, First, Middle Initial) B. INC ROCKWOOD STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 421 POPLAR AVENUE		Amount of Each Disbursement this Period 834.00 Transaction ID : SB17.4967
City NEW CUMBERLAND	State PA	
Zip Code 17070	Purpose of Disbursement CONSULTING FOR CAMPAIGN PROMOTIONS	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 09	

Full Name (Last, First, Middle Initial) C. DAVID SHOW		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4964
City BEDFORD	State PA	
Zip Code 15522	Purpose of Disbursement CONSULTING FOR CAMPAIGN PROMOTIONS	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	4084.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial) A. DAVID SHOW		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 1333.00 Transaction ID : SB17.4968
City BEDFORD	State PA Zip Code 15522	
Purpose of Disbursement CONSULTING FOR CAMPAIGN PROMOTIONS	Category/Type 001	
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1333.00
TOTAL This Period (last page this line number only).....	15924.52

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4390**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) Arthur Halvorson	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 11		

City	State	ZIP Code
BEDFORD	PA	15522

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 27 / Y 2013	M / D / Y 05/30/2014			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4855**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) Arthur L. Halvorson	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 11		

City	State	ZIP Code
Bedford	PA	15522

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 09 / 2014	5/30/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	75000.00
TOTALS This Period (last page in this line only).....	175000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	