

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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

FEC FORM 3 (Revised 02/2003)

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))....	8674.92	52579.92
(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)).....	8674.92	52579.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	61810.81	80206.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	25.00	25.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61785.81	80181.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	72398.64	
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).....	100000.00	

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).....	5400.00	39180.00
(ii) Unitemized.....	1635.00	9260.00
(iii) TOTAL of contributions from individuals ▶	7035.00	48440.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) The Candidate.....	1639.92	1639.92
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8674.92	52579.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	25.00	25.00
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)..... ▶	8699.92	152604.92

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	61810.81	80206.28
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) ►	61810.81	80206.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	125509.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8699.92
25. SUBTOTAL (add Line 23 and Line 24).....	134209.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61810.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	72398.64

**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 14
	<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)
Douglas A. Braendel

Mailing Address 1084 Grand View Ave

City State Zip Code
Everett PA 15537

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 05 / 2013

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
100.00

CC

B. Full Name (Last, First, Middle Initial)
CLAY BUCKINGHAM

Mailing Address 1076 GRANDVIEW DRIVE

City State Zip Code
EVERETT PA 15537

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.4648

Amount of Each Receipt this Period
500.00

CC

C. Full Name (Last, First, Middle Initial)
EDWARD K. FREAR

Mailing Address PO BOX 619

City State Zip Code
BEDFORD PA 15522

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 21 / 2013

Transaction ID : SA11AI.4643

Amount of Each Receipt this Period
100.00

CC

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

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

700.00

**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 14
	<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)
BETSEY HALVORSON

Mailing Address 2902 KELLOGG ACRES ROAD

City State Zip Code
SHERWOOD AR 72120

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
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
2500.00

CC

B. Full Name (Last, First, Middle Initial)
ERIK HALVORSON

Mailing Address 6730 DESEO APT 246

City State Zip Code
IRVING TX 75039

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

Name of Employer Occupation
LOCKTON COMPANIES COMMUNICATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period
500.00

CC

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

Mailing Address 185 SUNNYBROOK DRIVE

City State Zip Code
NORTH KINGSTON RI 02852

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 2013

Transaction ID : SA11AI.4644

Amount of Each Receipt this Period
250.00

CC

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

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

3250.00

**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 14
	<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)
SUSAN HALVORSON

Mailing Address 6730 DESEO
APT 246

City IRVING State TX Zip Code 75039

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4632

Amount of Each Receipt this Period
500.00

CC

B. Full Name (Last, First, Middle Initial)
STEVEN NICHOLS

Mailing Address 4500 MILLIGANS COVE ROAD

City MANN'S CHOICE State PA Zip Code 15550

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.4631

Amount of Each Receipt this Period
600.00

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period
100.00

CC

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

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

1200.00

**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 8 OF 14
	<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)
GARY SANDERS

Mailing Address **550 SCARLETT CIRCLE**

City **GREENCASTLE** State **PA** Zip Code **17225**

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

Name of Employer **US ARMY** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
250.00

CC

B. 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

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).....

250.00

5400.00

**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 14
<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 Halvorson

Mailing Address **462 INDIAN GREENS LANE**

City **MANNS CHOICE** State **PA** Zip Code **15550**

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

Name of Employer **SELF EMPLOYED** Occupation **COMMERCIAL DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
95.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2013

Transaction ID : SA11D.4658

Amount of Each Receipt this Period
95.40

In-kind - **FUNDRAISING CARDS**

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

Mailing Address **462 INDIAN GREENS LANE**

City **MANNS CHOICE** State **PA** Zip Code **15550**

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

Name of Employer **SELF EMPLOYED** Occupation **COMMERCIAL DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
139.92

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2013

Transaction ID : SA11D.4657

Amount of Each Receipt this Period
44.52

In-kind - **FUNDRAISING BAGS**

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

Mailing Address **462 INDIAN GREENS LANE**

City **MANNS CHOICE** State **PA** Zip Code **15550**

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

Name of Employer **SELF EMPLOYED** Occupation **COMMERCIAL DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1639.92

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2013

Transaction ID : SA11D.4683

Amount of Each Receipt this Period
1500.00

In-kind - **POLLING FEE**

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

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

1639.92

1639.92

**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 10 OF 14			
	<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 M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 3RD STREET, SUITE 2B		Amount of Each Disbursement this Period 86.92 Transaction ID : SB17.4676
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement ONLINE DONATION 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. COMMITTEE FRANKLIN COUNTY GOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1320 LINCOLN WAY EAST, SUITE 8		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4691
City CHAMBERSBURG	State PA	
Zip Code 17202	Purpose of Disbursement TABLE AT FUNDRAISING DINNER	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) c. Arthur Halvorson		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 462 INDIAN GREENS LANE		Amount of Each Disbursement this Period 680.71 Transaction ID : SB17.4688
City MANN'S CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement PRINTING REIMBURSEMENT	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	

SUBTOTAL of Disbursements This Page (optional).....	1117.63
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 11 OF 14			
	<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 Halvorson		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 462 INDIAN GREENS LANE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4685
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement In-kind - POLLING FEE	Category/ Type
Candidate Name		
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 M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 462 INDIAN SPRINGS LANE		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.4686
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement CONSULTANT FEE	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 M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 462 INDIAN SPRINGS LANE		Amount of Each Disbursement this Period 1796.38 Transaction ID : SB17.4693
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement CONSULTANT FEE	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).....	4896.38
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 12 OF 14			
	<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. BRIAN LIVINGSTON		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 462 INDIAN SPRINGS LANE		Amount of Each Disbursement this Period 1763.19
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement CONSULTANT FEE	Transaction ID : SB17.4698
Candidate Name Taxpayers for Art Halvorson Committee	Category/ Type 001	
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 MENTZER MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 600 FAIRMONT AVENUE		Amount of Each Disbursement this Period 53000.00
City TOWSON	State MD	
Zip Code 21286	Purpose of Disbursement MEDIA SPOTS FOR FUNDRAISING	Transaction ID : SB17.4678
Candidate Name Taxpayers for Art Halvorson Committee	Category/ Type 003	
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. INC ROCKWOOD STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address UNDISCLOSED		Amount of Each Disbursement this Period 600.00
City HARRISBURG	State PA	
Zip Code 17177	Purpose of Disbursement RADIO SPOTS ON 10/28 & 11/14	Transaction ID : SB17.4694
Candidate Name Taxpayers for Art Halvorson Committee	Category/ Type 003	
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).....	55363.19
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 14	
	<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. CLICK & PLEDGE TRANSFIRST

Mailing Address 12202 AIRPORT WAY

City BROOMFIELD State CO Zip Code 80021

Purpose of Disbursement SOLICITATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2013

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.4663

Category/Type: 003

Full Name (Last, First, Middle Initial)
B. CLICK & PLEDGE TRANSFIRST

Mailing Address 12202 AIRPORT WAY

City BROOMFIELD State CO Zip Code 80021

Purpose of Disbursement SOLICITATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2013

Amount of Each Disbursement this Period: 21.05

Transaction ID : SB17.4666

Category/Type: 003

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 41.05

TOTAL This Period (last page this line number only)..... 61418.25

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:
06 / 27 / 2013	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="100000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="100000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.