

**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
REPORTNEW
(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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 30

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	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))....	23807.00	64357.00
(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))	23807.00	64357.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	142839.04	148267.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	142839.04	148267.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31074.63	
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)	285000.00	

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)

PAGE 3 / 30

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

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).....

18300.00

55800.00

(ii) Unitemized.....

5507.00

8557.00

(iii) TOTAL of contributions from individuals ▶

23807.00

64357.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

23807.00

64357.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

110000.00

110000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

110000.00

110000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

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)..... ▶

133807.00

174357.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 30

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	142839.04	148267.08
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) ►	142839.04	148267.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40106.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	133807.00
25. SUBTOTAL (add Line 23 and Line 24).....	173913.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	142839.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31074.63

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial)

LESLEY BAER

Mailing Address 282 COVE LANE

City

BEDFORD

State

PA

Zip Code

15522

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		15		2016

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period

1000.00

☐ Memo Item
check

Full Name (Last, First, Middle Initial)

Hezekiah Barge

Mailing Address 1596 Fish Hawk Court

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2016

Transaction ID : SA11AI.5269

Amount of Each Receipt this Period

300.00

☐ Memo Item
Anedot

Full Name (Last, First, Middle Initial)

TAUNA BROWN

Mailing Address 1500 PHILADELPHIA AVENUE

City

CHAMBERSBURG

State

PA

Zip Code

17201

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2016

Transaction ID : SA11AI.5388

Amount of Each Receipt this Period

300.00

☐ Memo Item
Check
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

LEE BRYAN**A.**

Mailing Address 4504 MILLIGANS COVE ROAD

City

MANNS CHOICE

State

PA

Zip Code

15550

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		02		2016

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period

2600.00

☐ Memo Item
☐ Anedot

Full Name (Last, First, Middle Initial)

DAVID CRANDALL**B.**

Mailing Address 3252 GLADE PIKE

City

MANNS CHOICE

State

PA

Zip Code

15550

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2016

Transaction ID : SA11AI.5368

Amount of Each Receipt this Period

500.00

☐ Memo Item
☐ Check

Full Name (Last, First, Middle Initial)

DAVID CRANDALL**C.**

Mailing Address 3252 GLADE PIKE

City

MANNS CHOICE

State

PA

Zip Code

15550

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		15		2016

Transaction ID : SA11AI.5370

Amount of Each Receipt this Period

300.00

☐ Memo Item
☐ Check
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3400.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. Luke Donahue

Mailing Address 1268 Braleigh Lane

City

Virginia Beach

State

VA

Zip Code

23455

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Navy

Occupation

Officer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		05		2016

Transaction ID : SA11AI.5293

Amount of Each Receipt this Period

250.00

☐ Memo Item
☐ Anedot

Full Name (Last, First, Middle Initial)

B. EDWARD K. FREAR

Mailing Address PO BOX 619

City

BEDFORD

State

PA

Zip Code

15522

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		15		2016

Transaction ID : SA11AI.5371

Amount of Each Receipt this Period

2000.00

☐ Memo Item
☐ Check

Full Name (Last, First, Middle Initial)

C. ERIK 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

LOCKTON COMPANIES

Occupation

COMMUNICATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		23		2016

Transaction ID : SA11AI.5279

Amount of Each Receipt this Period

600.00

☐ Memo Item
☐ Anedot

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

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

2850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

ERIK HALVORSON**A.**

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

LOCKTON COMPANIES

Occupation

COMMUNICATIONS

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2016

Transaction ID : SA11AI.5295

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Anedot

Full Name (Last, First, Middle Initial)

SUSAN HALVORSON**B.**

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: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2016

Transaction ID : SA11AI.5296

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Anedot

Full Name (Last, First, Middle Initial)

DENNIS HEINLE**C.**

Mailing Address 4246 MILLIGANS COVE ROAD

City

MANNS CHOICE

State

PA

Zip Code

15550

FEC ID number of contributing
federal political committee.

C

Name of Employer

NET JETS AVIATION, INC

Occupation

PILOT

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

Transaction ID : SA11AI.5321

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Check Cont**SUBTOTAL** of Receipts This Page (optional).....

6500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

Lois Kaneshiki

A.

Mailing Address 1076 Edgewood Drive

City

Duncansville

State

PA

Zip Code

16635

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		01		2016

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period

250.00

☐ Memo Item
☐ Check

Full Name (Last, First, Middle Initial)

Lois Kaneshiki

B.

Mailing Address 1076 Edgewood Drive

City

Duncansville

State

PA

Zip Code

16635

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2016

Transaction ID : SA11AI.5383

Amount of Each Receipt this Period

60.00

☐ Memo Item
☐ check

Full Name (Last, First, Middle Initial)

ANDREW KATZ

C.

Mailing Address PO BOX 66

City

DUNCANSVILLE

State

PA

Zip Code

16635

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2016

Transaction ID : SA11AI.5385

Amount of Each Receipt this Period

100.00

☐ Memo Item
☐ Check

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

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

410.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

Donald C Krom

Mailing Address 3704 Milligans Cove Road

City

Manns Choice

State

PA

Zip Code

15550

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		13		2016

Transaction ID : SA11AI.5260

Amount of Each Receipt this Period

250.00

☐ Memo Item
☐ CC Cont

Full Name (Last, First, Middle Initial)

GARRY LEACH

Mailing Address 532 PFEIFFER ROAD

City

MARION CENTER

State

PA

Zip Code

15759

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11AI.5362

Amount of Each Receipt this Period

500.00

☐ Memo Item
☐ Check - Billboard

Full Name (Last, First, Middle Initial)

GARRY LEACH

Mailing Address 532 PFEIFFER ROAD

City

MARION CENTER

State

PA

Zip Code

15759

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

640.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		15		2016

Transaction ID : SA11AI.5372

Amount of Each Receipt this Period

140.00

☐ Memo Item
☐ Check
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

890.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

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: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		17		2016

Transaction ID : SA11AI.5262

Amount of Each Receipt this Period

100.00

☐ Memo Item
 Credit Card Cont

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: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11AI.5277

Amount of Each Receipt this Period

100.00

☐ Memo Item
 Anedot

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: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		17		2016

Transaction ID : SA11AI.5307

Amount of Each Receipt this Period

100.00

☐ Memo Item
 Anedot

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

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

300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

Joseph Rooney

Mailing Address 740 Maple Avenue

City

Glenside

State

PA

Zip Code

19038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta Airlines

Occupation

Pilot

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2016

Transaction ID : SA11AI.5271

Amount of Each Receipt this Period

250.00

☐ Memo Item

Anedot cont

Full Name (Last, First, Middle Initial)

Mike Shaffer

Mailing Address Not Available

City

Bedford

State

PA

Zip Code

15522

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period

500.00

☐ Memo Item

Cash

Full Name (Last, First, Middle Initial)

Roy Sherer

Mailing Address 479 Hammersmith Drive

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		01		2016

Transaction ID : SA11AI.5273

Amount of Each Receipt this Period

250.00

☐ Memo Item

Anedot cont

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:

PAGE 13 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

ANNE STEWART

Mailing Address 88 SUNSET DRIVE

City

CARLISLE

State

PA

Zip Code

17013

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2016

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period

200.00

☐ Memo Item
☐ Check

Full Name (Last, First, Middle Initial)

Michael R Taylor

Mailing Address 712 South Juliana St

City

Bedford

State

PA

Zip Code

15522

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		15		2016

Transaction ID : SA11AI.5378

Amount of Each Receipt this Period

500.00

☐ Memo Item
☐ Check

Full Name (Last, First, Middle Initial)

Stephanie Wertz

Mailing Address 318 Bedford Street

City

Hollidaysburg

State

PA

Zip Code

16648

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		21		2016

Transaction ID : SA11AI.5324

Amount of Each Receipt this Period

400.00

☐ Memo Item
☐ 200 Check & 200 cash

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

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

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

MICHAEL WEST

A.

Mailing Address 47 JASON LANE

City

STAFORD

State

VA

Zip Code

22554

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		04		2016

Transaction ID : SA11Al.5290

Amount of Each Receipt this Period

250.00

☐ Memo Item
 Anedot

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

250.00

18300.00

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 15 OF 30

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

Arthur Halvorson

Mailing Address 462 Indian Springs

City

Manns Choice

State

PA

Zip Code

15550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 21 / 2016

Transaction ID : SA13A.5198

Amount of Each Receipt this Period

110000.00

☐ Memo Item

Loan from Arthur Halvorson for Campaign expenses

Full Name (Last, First, Middle Initial)

B.
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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.
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

Amount of Each Receipt this Period

☐ Memo Item

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

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

110000.00

110000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. COM ANEDOT

Mailing Address 3RD STREET, SUITE 2B

City	State	Zip Code
BATON ROUGE	LA	70801

Purpose of Disbursement
Transfer of fundraising fees

003

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

487.86

☐ Memo Item

Transaction ID : SB17.5393

B. STEPHAN BUCKINGHAM

Mailing Address 4260 MILLIGANS COVE ROAD

City	State	Zip Code
MANNS CHOICE	PA	15550

Purpose of Disbursement
Contract services

001

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2016

Amount of Each Disbursement this Period

1235.00

☐ Memo Item

Transaction ID : SB17.5204

C. STEPHAN BUCKINGHAM

Mailing Address 4260 MILLIGANS COVE ROAD

City	State	Zip Code
MANNS CHOICE	PA	15550

Purpose of Disbursement
Office Supplies

001

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2016

Amount of Each Disbursement this Period

109.12

☐ Memo Item

Transaction ID : SB17.5205

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

1831.98

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 PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. STEPHAN BUCKINGHAM

Mailing Address 4260 MILLIGANS COVE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2016

City	State	Zip Code
MANNS CHOICE	PA	15550

Amount of Each Disbursement this Period

2170.00

Purpose of Disbursement
Contract services

001

☐ Memo Item

Transaction ID : SB17.5218

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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. STEPHAN BUCKINGHAM

Mailing Address 4260 MILLIGANS COVE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2016

City	State	Zip Code
MANNS CHOICE	PA	15550

Amount of Each Disbursement this Period

183.04

Purpose of Disbursement
Office Supplies

006

☐ Memo Item

Transaction ID : SB17.5219

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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. STEPHAN BUCKINGHAM

Mailing Address 4260 MILLIGANS COVE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2016

City	State	Zip Code
MANNS CHOICE	PA	15550

Amount of Each Disbursement this Period

22.00

Purpose of Disbursement
Contract services

001

☐ Memo Item

Transaction ID : SB17.5220

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: PA District: 09

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

2375.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. STEPHAN BUCKINGHAM

Mailing Address 4260 MILLIGANS COVE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2016

City	State	Zip Code
MANNS CHOICE	PA	15550

Amount of Each Disbursement this Period

509.76

Purpose of Disbursement
Mileage Reimbursement

002

☐ Memo Item

Transaction ID : SB17.5222

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Full Name (Last, First, Middle Initial)

B. STEPHAN BUCKINGHAM

Mailing Address 4260 MILLIGANS COVE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2016

City	State	Zip Code
MANNS CHOICE	PA	15550

Amount of Each Disbursement this Period

3058.99

Purpose of Disbursement
Contract Employee

001

☐ Memo Item

Transaction ID : SB17.5201

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Full Name (Last, First, Middle Initial)

c. Capitol Promotions

Mailing Address PO Box 231

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2016

City	State	Zip Code
Glenside	PA	19038

Amount of Each Disbursement this Period

9758.36

Purpose of Disbursement
Signs, etc

006

☐ Memo Item

Transaction ID : SB17.5228

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

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

13327.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. Exact Data

Mailing Address 1215 Polaris Parkway, Ste 201

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2016

City	State	Zip Code
Columbus	OH	43240

Amount of Each Disbursement this Period

994.38

Purpose of Disbursement
Lists and Polling Data

005

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5230

Full Name (Last, First, Middle Initial)

B. Forever Media

Mailing Address Not Available

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2016

City	State	Zip Code
Johnston	PA	15705

Amount of Each Disbursement this Period

385.00

Purpose of Disbursement
Radio Spots

004

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5253

Full Name (Last, First, Middle Initial)

c. George Foster

Mailing Address Not Available

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2016

City	State	Zip Code
Altoona	PA	16602

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Vidography

004

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5240

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

1629.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. Gravis Marketing

Mailing Address 910 Belle Avenue #1180

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2016

City	State	Zip Code
Winter Springs	FL	32708

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Solicitation materials

003

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5215

Full Name (Last, First, Middle Initial)

B. DAVID HASS

Mailing Address 409 26TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2016

City	State	Zip Code
ALTOONA	PA	16602

Amount of Each Disbursement this Period

1600.00

Purpose of Disbursement
Contract services

001

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5207

Full Name (Last, First, Middle Initial)

C. DAVID HASS

Mailing Address 409 26TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2016

City	State	Zip Code
ALTOONA	PA	16602

Amount of Each Disbursement this Period

3200.00

Purpose of Disbursement
Contract Services - 2 months

001

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5239

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

7800.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. DAVID HASS

Mailing Address 409 26TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2016

City	State	Zip Code
ALTOONA	PA	16602

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Contract Services

001

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Transaction ID : SB17.5203

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Full Name (Last, First, Middle Initial)

B. Kessler Creative

Mailing Address 12276 San Jose Blvd, Ste 115

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2016

City	State	Zip Code
Jacksonville	FL	32223

Amount of Each Disbursement this Period

12500.00

Purpose of Disbursement
Media spots

004

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Transaction ID : SB17.5255

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Full Name (Last, First, Middle Initial)

C. Labels & Lists

Mailing Address 615 Smithson Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2016

City	State	Zip Code
Erie	PA	16511

Amount of Each Disbursement this Period

1808.31

Purpose of Disbursement
Contact lists

003

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Transaction ID : SB17.5226

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

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

14708.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. Lamar Advertising

Mailing Address PO Box 96030

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2016

City	State	Zip Code
Baton Rouge	LA	70896

Amount of Each Disbursement this Period

Purpose of Disbursement
Billboards

004

2150.00

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5245

Full Name (Last, First, Middle Initial)

B. RICHARD LATKER

Mailing Address 703 ALLEGHENY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2016

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Amount of Each Disbursement this Period

Purpose of Disbursement
Contract services

001

1200.00

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5250

Full Name (Last, First, Middle Initial)

C. Mind Motion Films

Mailing Address 824 First Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

City	State	Zip Code
Lancaster	PA	17603

Amount of Each Disbursement this Period

Purpose of Disbursement
Commercial Video

004

5000.00

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5247

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

8350.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. P/S Printing

Mailing Address 133 Mann Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2016

City	State	Zip Code
Bedford	PA	15522

Amount of Each Disbursement this Period

960.73

Purpose of Disbursement
Printing

003

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5243

Full Name (Last, First, Middle Initial)

B. Penneco Outdoor

Mailing Address 6608 Route 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2016

City	State	Zip Code
Delmont	PA	15626

Amount of Each Disbursement this Period

1300.00

Purpose of Disbursement
Billboard expense

003

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5217

Full Name (Last, First, Middle Initial)

C. Penneco Outdoor

Mailing Address 6608 Route 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2016

City	State	Zip Code
Delmont	PA	15626

Amount of Each Disbursement this Period

650.00

Purpose of Disbursement
Billboard

004

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5242

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

2910.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2016

City	State	Zip Code
Orwigsburg	PA	17962

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Spendy & Amazon Fees

001

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5206

Full Name (Last, First, Middle Initial)

B. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2016

City	State	Zip Code
Orwigsburg	PA	17962

Amount of Each Disbursement this Period

182.52

Purpose of Disbursement
Mileage reimbursement

002

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5210

Full Name (Last, First, Middle Initial)

c. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2016

City	State	Zip Code
Orwigsburg	PA	17962

Amount of Each Disbursement this Period

20.70

Purpose of Disbursement
Travel expenses

002

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5211

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

453.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2016

City	State	Zip Code
Orwigsburg	PA	17962

Purpose of Disbursement
Contract Services

001

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.5214

Full Name (Last, First, Middle Initial)

B. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2016

City	State	Zip Code
Orwigsburg	PA	17962

Purpose of Disbursement
Gravis Marketing Reimbursement

003

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Transaction ID : SB17.5232

Full Name (Last, First, Middle Initial)

C. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2016

City	State	Zip Code
Orwigsburg	PA	17962

Purpose of Disbursement
Contract services

001

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.5237

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

6100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2016

City	State	Zip Code
Orwigsburg	PA	17962

Amount of Each Disbursement this Period

700.00

Purpose of Disbursement
Reimbursement for Gravis Media

003

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Transaction ID : SB17.5238

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA

District: 09

Full Name (Last, First, Middle Initial)

B. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2016

City	State	Zip Code
Orwigsburg	PA	17962

Amount of Each Disbursement this Period

259.00

Purpose of Disbursement
Reimbursement

003

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Transaction ID : SB17.5202

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA

District: 09

Full Name (Last, First, Middle Initial)

C. Joseph Sterns

Mailing Address 203 Chestnut Ridge Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2016

City	State	Zip Code
Orwigsburg	PA	17962

Amount of Each Disbursement this Period

422.42

Purpose of Disbursement
Reimbursement - media

003

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Transaction ID : SB17.5249

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA

District: 09

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

1381.42

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. Universal Media

Mailing Address 4999 Louise Drive

Date of Disbursement

M M	D D	Y Y Y Y
03	29	2016

City	State	Zip Code
Mechanicsburg	PA	17055

Amount of Each Disbursement this Period

80000.00

Purpose of Disbursement
Television and radio spots

004

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5251

Full Name (Last, First, Middle Initial)

B. Vici Media Group

Mailing Address Not Available

Date of Disbursement

M M	D D	Y Y Y Y
02	25	2016

City	State	Zip Code
Austin	TX	70808

Amount of Each Disbursement this Period

1200.00

Purpose of Disbursement
Phone brigade

003

☐ Memo Item

Candidate Name

Taxpayers for Art Halvorson CommitteeCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Transaction ID : SB17.5233

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	D D	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

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

81200.00

142067.19

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4390

Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Arthur Halvorson

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 11

City

State

ZIP Code

BEDFORD

PA

15522

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 27 / 2013

Date Due

M M / D D / Y Y Y Y
/ 05/30/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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

PAGE 29 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4855

Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Arthur L. Halvorson

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 11

City

State

ZIP Code

Bedford

PA

15522

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 09 / 2014

Date Due

M M / D D / Y Y Y Y
5/30/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ 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)..... ►

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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 30

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5198

Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Arthur Halvorson

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
462 Indian Springs

City	State	ZIP Code
Manns Choice	PA	15550

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	0.00	110000.00

TERMS

Date Incurred

M 03 / D 21 / Y 2016

Date Due

M / D / Y 12/01/2016

Interest Rate

4.00 % (apr)

Secured:

☐ Yes ☒ 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)..... ►

110000.00

TOTALS This Period (last page in this line only)..... ►

285000.00

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