

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)

PO Box 11

Check if different than previously reported. (ACC)

Bedford

PA

15522

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00545681

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

STATE ▼ DISTRICT

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Jacobs, Catherine, , ,

Type or Print Name of Treasurer

Jacobs, Catherine, , ,

Signature of Treasurer

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	17379.14	81927.02
(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)).....	17379.14	81927.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12215.14	220722.16
(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)).....	12215.14	220722.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	66189.57	
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).....	375000.00	

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 05/2016)

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).....	16564.00	72264.00
(ii) Unitemized.....	0.00	8847.88
(iii) TOTAL of contributions from individuals ▶	16564.00	81111.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	815.14	815.14
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17379.14	81927.02
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	200000.00
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)..... ▶	17379.14	281927.02

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12215.14	220722.16
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) ►	12215.14	220722.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61025.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17379.14
25. SUBTOTAL (add Line 23 and Line 24).....	78404.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12215.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	66189.57

**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 18	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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

A. Full Name (Last, First, Middle Initial)
Braendel, Douglas, A., ,

Mailing Address 1084 Grand View Ave

City Everett	State PA	Zip Code 15537
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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 ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period
1000.00

Memo Item
Cash Contribution

B. Full Name (Last, First, Middle Initial)
BROWN, TAUNA, , ,

Mailing Address 1500 PHILADELPHIA AVENUE

City CHAMBERSBURG	State PA	Zip Code 17201
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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 ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period
500.00

Memo Item
Cash Contribution

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

Mailing Address 3252 GLADE PIKE

City MANNS CHOICE	State PA	Zip Code 15550
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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 ▼
1550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period
250.00

Memo Item
Cash Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	1750.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
ELLINGSON, CATHY, , ,
 Mailing Address 2508 AUDUBON LANE SE
 City OWENS CROSSROADS State AL Zip Code 35763
 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 ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : SA11AI.4940
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CC Cont

B. Full Name (Last, First, Middle Initial)
HEINLE, DENNIS, , ,
 Mailing Address 4246 MILLIGANS COVE ROAD
 City MANN'S 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 ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : SA11AI.4941
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 Cash Cont

C. Full Name (Last, First, Middle Initial)
Hinterkopf, John, , ,
 Mailing Address 12116 Blue Ridge Ct
 City Waynesboro State PA Zip Code 17268
 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 ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2016
Transaction ID : SA11AI.4942
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CC Cont

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00
TOTAL This Period (last page this line number only)..... ▶

**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 18	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial)
Krom, Donald, C, ,

Mailing Address 3704 Milligans Cove Road

City Manns Choice	State PA	Zip Code 15550
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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 ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
1000.00

Memo Item
 CC Cont

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

Mailing Address 532 PFEIFFER ROAD

City MARION CENTER	State PA	Zip Code 15759
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation N/A
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1104.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11AI.4945

Amount of Each Receipt this Period
464.00

Memo Item
 Cash Cont

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

Mailing Address 16 Shannon Drive

City Indiana	State PA	Zip Code 15701
-----------------	-------------	-------------------

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 Y Y
08 / 19 / 2016

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period
250.00

Memo Item
 Cash Cont

SUBTOTAL of Receipts This Page (optional)..... ▶	1714.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MORGART, J. A., , ,

Mailing Address 187 LEHMAN ROAD

City NEW PARIS State PA Zip Code 15554

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 ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2016

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period
500.00

Memo Item
Cash Cont

B. Full Name (Last, First, Middle Initial)
Musser, Fred, , ,

Mailing Address 1880 Route 119 HWY N

City Indiana State PA Zip Code 15701

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 ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2016

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period
2500.00

Memo Item
For Primary Costs

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

Mailing Address 1880 Route 119 HWY N

City Indiana State PA Zip Code 15701

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 ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2016

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period
2500.00

Memo Item
For General Election

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

**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 18	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial)
PARKER, REBECCA, , ,

Mailing Address 2065 DUNCAN DRIVE

City BATON ROUGE	State LA	Zip Code 70802
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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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period
500.00

Memo Item
Cash Cont

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

Mailing Address 32 NORTH PIN OAK

City BOILING SPRINGS	State PA	Zip Code 17007
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation INVESTOR
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2016

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period
100.00

Memo Item
CC Cont

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

Mailing Address 12363 Federal Drive

City St Louis	State MO	Zip Code 63131
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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 Y Y
08 / 13 / 2016

Transaction ID : SA11AI.4954

Amount of Each Receipt this Period
250.00

Memo Item
Cash Cont

SUBTOTAL of Receipts This Page (optional)..... ▶	850.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Schmidt, Joshua, , ,

Mailing Address 7 South Market Street

City Duncannon State PA Zip Code 17020

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

Name of Employer Self Occupation Construction

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2016

Transaction ID : SA11AI.4956

Amount of Each Receipt this Period
1000.00

Memo Item
 CC Cont

B. Full Name (Last, First, Middle Initial)
SMITH, SAUNDRA, , ,

Mailing Address 2340 SMITH ROAD

City SHELOCTA State PA Zip Code 15774

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

Name of Employer NOT SPECIFIED Occupation NOT SPECIFIED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2016

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period
200.00

Memo Item
 Cash Cont for Primary expenses

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

Mailing Address 2340 SMITH ROAD

City SHELOCTA State PA Zip Code 15774

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

Name of Employer NOT SPECIFIED Occupation NOT SPECIFIED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2016

Transaction ID : SA11AI.4959

Amount of Each Receipt this Period
2500.00

Memo Item
 Cash Cont for General Election

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00

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

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 18	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
Spangler, John, , ,

Mailing Address PO Box 711282

City Salt Lake City	State UT	Zip Code 84171
------------------------	-------------	-------------------

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 Y Y
09 / 15 / 2016

Transaction ID : SA11AI.4960

Amount of Each Receipt this Period
250.00

Memo Item
 CC Cont

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

Mailing Address

City	State	Zip Code
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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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	16564.00

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

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

FOR LINE NUMBER: PAGE 12 OF 18
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
HALVORSON, ARTHUR L, , ,

Mailing Address 462 Indian Greens Lane

City: BEDFORD State: PA Zip Code: 15522

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

Name of Employer: Self Occupation: Real Estate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
815.14

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11D.4962

Amount of Each Receipt this Period
815.14

Memo Item
In-kind - Handout Cards

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	815.14
TOTAL This Period (last page this line number only)..... ▶	815.14

**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 18	
	<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. Aristotle International		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2016
Mailing Address 205 Pennsylvania Avenue SE		FEC Identification Number C C00545681
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Mailing Lists	<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input checked="" type="checkbox"/> 003 <input type="checkbox"/> 004	Amount of Each Disbursement this Period 2500.00
Candidate Name Taxpayers for Art Halvorson Committee	Category/ Type	Transaction ID : SB17.4969
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 09		

Full Name (Last, First, Middle Initial) B. Chandler Video		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016
Mailing Address 811 Calibre Lake Pkwy SE		FEC Identification Number C C00545681
City Smyrna	State GA	Zip Code 30082
Purpose of Disbursement Video Production for Commercial	<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input type="checkbox"/> 003 <input checked="" type="checkbox"/> 004 <input type="checkbox"/> 005	Amount of Each Disbursement this Period 2500.00
Candidate Name Taxpayers for Art Halvorson Committee	Category/ Type	Transaction ID : SB17.4964
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 09		

Full Name (Last, First, Middle Initial) C. HALVORSON, ARTHUR L, ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
Mailing Address 462 Indian Greens Lane		FEC Identification Number C H4PA09056
City BEDFORD	State PA	Zip Code 15522
Purpose of Disbursement In-kind - Handout Cards	<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input type="checkbox"/> 003 <input type="checkbox"/> 004 <input type="checkbox"/> 005 <input type="checkbox"/> 006 <input type="checkbox"/> 007 <input type="checkbox"/> 008 <input type="checkbox"/> 009 <input type="checkbox"/> 010	Amount of Each Disbursement this Period 815.14
Candidate Name	Category/ Type	Transaction ID : SB17.4963
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) ▼	<input type="checkbox"/> Memo Item
State: PA District: 09		

SUBTOTAL of Disbursements This Page (optional).....▶	5815.14
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 18	
	<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. Sterns, Joseph, , ,			Date of Disbursement MM / DD / YYYY 08 / 11 / 2016	
Mailing Address 203 Chestnut Ridge Drive			FEC Identification Number C C00545681	
City Orwigsburg	State PA	Zip Code 17962	Amount of Each Disbursement this Period 1350.00	
Purpose of Disbursement Management Fee		Category/ Type 001	Transaction ID : SB17.4966	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 09				

Full Name (Last, First, Middle Initial) B. Sterns, Joseph, , ,			Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address 203 Chestnut Ridge Drive			FEC Identification Number C C00545681	
City Orwigsburg	State PA	Zip Code 17962	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Management Fee		Category/ Type 001	Transaction ID : SB17.4967	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 09				

Full Name (Last, First, Middle Initial) c. Sterns, Joseph, , ,			Date of Disbursement MM / DD / YYYY 09 / 15 / 2016	
Mailing Address 203 Chestnut Ridge Drive			FEC Identification Number C C00545681	
City Orwigsburg	State PA	Zip Code 17962	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Gravis Mkt Bill Reimbursement		Category/ Type 003	Transaction ID : SB17.4968	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 09				

SUBTOTAL of Disbursements This Page (optional).....▶	6400.00
TOTAL This Period (last page this line number only).....▶	12215.14

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4269**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) Halvorson, Arthur, L., ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 11			
City Bedford	State PA	ZIP Code 15522	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred M 06 / D 27 / Y 2013	Date Due M M / D D / Y 05/30/2014	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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/10.4268**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2014
Halvorson, Arthur, L., ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 11			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
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 (If none, enter 0)	Secured:
	M 04 / D 09 / Y 2014	M M / D D / Y 05/14/2014	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).....▶	

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/10.4425**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) Halvorson, Arthur, L., ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 11			
City Bedford	State PA	ZIP Code 15522	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 110000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 110000.00
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TERMS	Date Incurred M 03 / D 21 / Y 2016	Date Due M M / D D / Y 12/01/2016	Interest Rate (If none, enter 0) 0.04 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	110000.00
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/10.4432**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) Halvorson, Arthur, L., ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 11			
City Bedford	State PA	ZIP Code 15522	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 90000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 90000.00
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TERMS	Date Incurred M 04 / D 01 / Y 2016	Date Due M M / D D / Y 12/01/2016	Interest Rate (If none, enter 0) 0.04 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	90000.00
TOTALS This Period (last page in this line only).....▶	375000.00

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