

**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
01 / 01 / 2014

through

M M / D D / Y Y Y Y
03 / 31 / 2014

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

Type or Print Name of Treasurer Catherine F. Jacobs

Signature of Treasurer

Catherine F. Jacobs

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 15 / 2014

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 17

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	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	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))....	8821.21	61401.13
(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))	8821.21	61401.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24727.33	104933.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	25.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	24727.33	104908.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	56492.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

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	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

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).....**

6875.00

46055.00

(ii) Unitemized.....

1946.21

11206.21

(iii) TOTAL of contributions from individuals ▶

8821.21

57261.21

(b) Political Party Committees.....

0.00

0.00

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

0.00

2500.00

(d) The Candidate.....

0.00

1639.92

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

8821.21

61401.13

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

100000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

100000.00

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

0.00

25.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

8821.21

161426.13

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24727.33	104933.61
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) ►	24727.33	104933.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	72398.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8821.21
25. SUBTOTAL (add Line 23 and Line 24).....	81219.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24727.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	56492.52

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

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

FOR LINE NUMBER:

PAGE 5 OF 17

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

LESLEY BAER

A.

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: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period

1000.00

CHECK

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: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period

200.00

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: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period

75.00

CHECK

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

1275.00

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 6 OF 17

☒ 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)

JAMES EDWARDS

A.

Mailing Address 801 SOUTH GARNER STREET

City

STATE COLLEGE

State

PA

Zip Code

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 01 / 2014

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period

250.00

CC

Full Name (Last, First, Middle Initial)

ANDREW HALVORSON

B.

Mailing Address 17 NEW LONDON ROAD

City

MYSTIC

State

CT

Zip Code

06355

FEC ID number of contributing
federal political committee.

C

Name of Employer
US COST GUARD

Occupation
MILITARY OFFICER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period

500.00

CC

Full Name (Last, First, Middle Initial)

CAROLYN HALVORSON

C.

Mailing Address 1634 500TH STREET

City

BUFFALO CENTER

State

IA

Zip Code

50424

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period

1000.00

CHECK

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:

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

THOMAS HENRY

A.

Mailing Address 19310SONOMAAVENUE, STE A

City

SONOMA

State

CA

Zip Code

95476

FEC ID number of contributing federal political committee.

C

Name of Employer

REALCARE MANAGEMENT

Occupation

INSURANCE SALES

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period

250.00

CC

Full Name (Last, First, Middle Initial)

RICHARD LATKER

B.

Mailing Address 703 ALLEGHENY STREET

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

EDITOR/ANALYST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period

250.00

CC

Full Name (Last, First, Middle Initial)

RICHARD LATKER

C.

Mailing Address 703 ALLEGHENY STREET

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

EDITOR/ANALYST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		17		2014

Transaction ID : SA11AI.4718

Amount of Each Receipt this Period

350.00

CC

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

850.00

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 8 OF 17

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

PATRICIA LEACH

A.

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

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period

250.00

CC

Full Name (Last, First, Middle Initial)

J. A. MORGART

B.

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: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2014

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period

500.00

CHECK

Full Name (Last, First, Middle Initial)

RAY PORTER

C.

Mailing Address 32 NORTH PIN OAK

City

BOILING SPRINGS

State

PA

Zip Code

17007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2014

Transaction ID : SA11AI.4725

Amount of Each Receipt this Period

100.00

CC

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:

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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

A.

Mailing Address 32 NORTH PIN OAK

City

BOILING SPRINGS

State

PA

Zip Code

17007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period

100.00

CC

Full Name (Last, First, Middle Initial)

RAY PORTER

B.

Mailing Address 32 NORTH PIN OAK

City

BOILING SPRINGS

State

PA

Zip Code

17007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period

100.00

CC

Full Name (Last, First, Middle Initial)

AARON ROULAND

C.

Mailing Address 4750 MUSTIN ROAD

City

JACKSONVILLE

State

FL

Zip Code

32212

FEC ID number of contributing
federal political committee.

C

Name of Employer

US NAVY

Occupation

PILOT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		08		2014

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period

500.00

CC

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

700.00

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 17

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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 SELKER

A.

Mailing Address 108 MAPLE LANE

City

CLARION

State

PA

Zip Code

16214

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2014

Transaction ID : SA11AI.4739

Amount of Each Receipt this Period

100.00

CC

Full Name (Last, First, Middle Initial)

MICHAEL SELKER

B.

Mailing Address 108 MAPLE LANE

City

CLARION

State

PA

Zip Code

16214

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2014

Transaction ID : SA11AI.4740

Amount of Each Receipt this Period

100.00

CC

Full Name (Last, First, Middle Initial)

GWENDOLYN STEIGERWALT

C.

Mailing Address 2624 WOODMONT LANE

City

WEXFORD

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period

1000.00

CHECK

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

1200.00

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 11 OF 17

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

DAVID TOWNSEND

A.

Mailing Address 20 HOLLOW COURT

City

WARWICK

State

RI

Zip Code

02886

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2014

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period

250.00

CC

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

6875.00

**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 12 OF 17

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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
QTRLY DONATION FEES

001

Category/
Type

Candidate Name

Taxpayers for Art Halvorson Committee

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

180.05

Transaction ID : SB17.4799

B. COMMITTEE FRANKLIN COUNTY GOP

Mailing Address 1320 LINCOLN WAY EAST, SUITE 8

City	State	Zip Code
CHAMBERSBURG	PA	17202

Purpose of Disbursement
TABLE AT EVENT

003

Category/
Type

Candidate Name

Taxpayers for Art Halvorson Committee

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4779

C. BRIAN LIVINGSTON

Mailing Address 462 INDIAN SPRINGS LANE

City	State	Zip Code
MANNS CHOICE	PA	15550

Purpose of Disbursement
PAY

001

Category/
Type

Candidate Name

Taxpayers for Art Halvorson Committee

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

Amount of Each Disbursement this Period

1670.02

Transaction ID : SB17.4782

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

2250.07

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

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. BRIAN LIVINGSTON

Mailing Address 462 INDIAN SPRINGS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

City	State	Zip Code
MANNS CHOICE	PA	15550

Amount of Each Disbursement this Period

1645.01

Purpose of Disbursement
DECEMBER PAY

001

Transaction ID : SB17.4774

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Full Name (Last, First, Middle Initial)

B. BRIAN LIVINGSTON

Mailing Address 462 INDIAN SPRINGS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

City	State	Zip Code
MANNS CHOICE	PA	15550

Amount of Each Disbursement this Period

1622.24

Purpose of Disbursement
PAY

001

Transaction ID : SB17.4794

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Full Name (Last, First, Middle Initial)

C. RON ROBERTSON

Mailing Address PO BOX 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

City	State	Zip Code
BEDFORD	PA	15522

Amount of Each Disbursement this Period

1750.00

Purpose of Disbursement
PAY

001

Transaction ID : SB17.4783

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

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

5017.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. RON ROBERTSON

Mailing Address PO BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
PAY

001

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

2625.00

Transaction ID : SB17.4775

B. RON ROBERTSON

Mailing Address PO BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
PAY FEB 7 & MARCH

001

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

3545.01

Transaction ID : SB17.4796

C. RON ROBERTSON

Mailing Address PO BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
PAY

001

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

Amount of Each Disbursement this Period

1750.00

Transaction ID : SB17.4797

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

7920.01

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. INC ROCKWOOD STRATEGIES

Mailing Address UNDISCLOSED

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2014

City	State	Zip Code
HARRISBURG	PA	17177

Purpose of Disbursement
ADVERTISING

004

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4773

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Full Name (Last, First, Middle Initial)

B. INC ROCKWOOD STRATEGIES

Mailing Address UNDISCLOSED

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2014

City	State	Zip Code
HARRISBURG	PA	17177

Purpose of Disbursement
COMMERCIALS

004

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4780

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Full Name (Last, First, Middle Initial)

C. INC ROCKWOOD STRATEGIES

Mailing Address UNDISCLOSED

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

City	State	Zip Code
HARRISBURG	PA	17177

Purpose of Disbursement
RADIO SPOTS

004

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4792

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

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

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

6500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Taxpayers for Art Halvorson Committee

Full Name (Last, First, Middle Initial)

A. DAVID SHOW

Mailing Address PO BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
PAY

001

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4777

Full Name (Last, First, Middle Initial)

B. DAVID SHOW

Mailing Address PO BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
PAY

001

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4793

Full Name (Last, First, Middle Initial)

C. CLICK & PLEDGE TRANSFIRST

Mailing Address 12202 AIRPORT WAY

City	State	Zip Code
BROOMFIELD	CO	80021

Purpose of Disbursement
CLICK & PLEDGE FEE

001

Candidate Name

Taxpayers for Art Halvorson Committee

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.4784

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

3020.00

24707.33

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 17

FOR 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]**

Election: 2014

Arthur Halvorson

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

City

State

ZIP Code

BEDFORD

PA

15522

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

05/30/2014

0.00

% (apr)

☐ 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)..... ►

100000.00

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