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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3			uthorized C	Committee		C	Office Use Only
NAME OF COMMITTEE (in		TYPE OR PRINT	Γ ▼	Example: If typing over the lines.	, type	12FE4M5	
Taxpayers for	Art Halvo	orson Comm	nittee		1 1 1		
ADDRESS (number ar	ad atract)	P.O. Box 11					
_	·						
Check if direction than previous reported. (A	usly	Bedford				PA 15	522
2. FEC IDENTIFIC	CATION NU	IMBER ▼	CITY	A		STATE A	ZIP CODE A
C C0054568	81	_	3. IS THIS	S × NEW		AMENDE	STATE ▼ DISTRICT
			REPOR	RT (N)	OR	(A)	PA 09
July 15 Octobe January	deports: 5 Quarterly F 6 Quarterly R er 15 Quarter	eport (Q1) eport (Q2) y Report (Q3) d Report (YE)	Election	POST-Election Repo	2C)	General (126) Special (128) Y Y Y Y Y Y 2016 Runoff (30R)	in the PA State of
5. Covering Period	M 04	M / D D /	2016	through	M M 04	/ D D /	2016
I certify that I have 6				ny knowledge and be	elief it is tr	rue, correct and o	complete.
Type or Print Name	of ireasurer	Catherine F. J	Jacobs			M M	/ D D / Y Y Y
Signature of Treasure	er <u>Cath</u>	erine F. Jacobs		[Electronically Fi	led] [Date 04	16 2016
	false, errone	ous, or incomple	ete information	may subject the person	on signing	this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

Taxpayers for Art Halvorson Committee

04 04 06 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 64357.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 64357.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 895.94 149163.02 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 895.94 149163.02 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 120178.69 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 375000.00 Schedule C and/or Schedule D).....

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 PAGE 3 / 10 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

04 01 2016 04 06 2016 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)	0.00	55800.00	
	(ii) Unitemized	0.00	8557.00	
	(iii) TOTAL of contributions from individuals	0.00	64357.00	
	(b) Political Party Committees	0.00	0.00	
((c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	64357.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
	LOANS:			
((a) Made or Guaranteed by the Candidate	90000.00	200000.00	
,	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00	
((add Lines 13(a) and (b))	90000.00	200000.00	
	OFFSETS TO OPERATING EXPENDITURES			
	Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	90000.00	264357.00	

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	895.94	149163.02
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	(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	0.00	0.00
	(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)	895.94	149163.02
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	31074.63
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	90000.00
25.	SUBTOTAL (add Line 23 and Line 24)		121074.63
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	895.94
	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	120178.69

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

		DAGE 5 OF 10				
	FOR LINE NUMBER:	PAGE 5 OF 10				
Use separate schedule(s)	(check only one)					
for each category of the	11a 11b	11c 11d				
Detailed Summary Page	12 X 13a	13b 14 15				
not be sold or used by any person for the purpose of soliciting contributions						

Any information copied from such Reports and Statements may 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) Arthur Halvorson Date of Receipt Mailing Address 462 INDIAN GREENS LANE 2016 01 City State Zip Code Transaction ID: SA13A.5413 PΑ 15550 MANNS CHOICE FEC ID number of contributing Amount of Each Receipt this Period H4PA09056 federal political committee. 90000.00 Name of Employer Occupation SELF EMPLOYED COMMERCIAL DEVELOPER Memo Item PERSONAL LOAN TO CAMPAIGN Receipt For: 2016 Election Cycle-to-Date | Primary General 90000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer

Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		90000.00

Occupation

Memo Item

Image# 201604169012568287				
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate scho for each category Detailed Summary	edule(s) (of the	FOR LINE NUMBER: PAGE 6 OF 10 (check only one) X 17	
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a				
NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee	ee			
Full Name (Last, First, Middle Initial) A. INDIANA GAZETTE			Date of Disbursement	
Mailing Address 899 WATER STREET			04 06 2016	
City State INDIANA PA	Zip Code 15701		Amount of Each Disbursement this Period	
Purpose of Disbursement AD IN PAPER		004	689.00 Memo Item	
Candidate Name Taxpayers for Art Halvorson Committee Office Sought: House Disbursement		Category/ Type	Transaction ID : SB17.5409	
Senate Prim	ary General er (specify)			
Full Name (Last, First, Middle Initial) B. Mailing Address			Date of Disbursement	
City State	Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement			Memo Item	
Candidate Name	_	Category/ Type		
Office Sought: House Disbursement				
Full Name (Last, First, Middle Initial)				
C			Date of Disbursement	
Mailing Address	7'. 0.4.			
City State	Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement			Memo Item	
Candidate Name		Category/ Type	_	

General

Office Sought:

State:

House

Senate

District:

President

Disbursement For: Primary

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

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

Other (specify)

689.00

689.00

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

×	13a
	13b

OF

DANS .		Detailed Summary Page (Check Only One)
AME OF COMMITTEE (In Full) Caxpayers for Art Halvors	on Committee	Transaction ID : SC/10.4390
LOAN SOURCE Full Name (La	st, First, Middle Initial) PERSON	NAL FUNDS] Memo Item Election: 2014 Primary
Mailing Address PO BOX 11		General Other (specify) ▼
City	State Z	ZIP Code
BEDFORD	PA 1	15522
Original Amount of Loan	Cumulative Payme	nent To Date Balance Outstanding at Close of This Per
100	0000.00	0.00 100000.00
Date Incurred Mo6 / D27 / Y 20	Date	e Due Interest Rate Secured: 05/30/2014 0.00 % (apr)
List All Endorsers or Guaranto	ors (if any) to Loan Source	
1. Full Name (Last, First, Midd	le Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	e Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	e Initial)	Name of Employer
Mailing Address	· <u>·</u>	Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	e Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Pag	e (optional)	
OTALS This Period (last page in	this line only)	>
arry outstanding balance only to	LINE 3, Schedule D, for this li	ine. If no Schedule D, carry forward to appropriate line of Summar

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

X 13a I

PAGE 8

ANS			Detailed Summary Pa	ge (check only one)
AME OF COMMITTEE (In Full)			Transa	ction ID : SC/10.4855
axpayers for Art Halvo				
Arthur L. Halvorson	(Last, First, Mid	dle Initial) 'PERSONAL FU	NDS] Memo Item	Election: 2014 Primary General
Mailing Address P.O. Box 11				Other (specify)
City		State ZIP Coo	le	
Bedford		PA 15522		
Original Amount of Loan	75000.00	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Perio
		9 9		9 9
Date Incurred M 04 / D 09 / Y	ž014 Y	Date Due	Interest Rat 30/2014 O.	e Secured: 00 % (apr) Yes No
List All Endorsers or Guara		Loan Source		
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Mic	Idle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Mic	Idle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Mic	Idle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This F	Page (optional)			75000.00
OTALS This Period (last page	in this line only))		
	to LINE 3. Scho	edule D. for this line. If n	o Schedule D. carry for	ward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE 9

NUMBER: / one) X 13a 13b

DANG			Detailed Summary Pag	e (check drilly drie)
AME OF COMMITTEE (In Full)	_		Transac	tion ID : SC/10.5198
axpayers for Art Halvo				
LOAN SOURCE Full Name (Arthur Halvorson	Last, First, Midd	dle Initial) PERSONAL FU	NDS] Memo Item	Election: 2016 Primary General
Mailing Address 462 Indian Springs				Other (specify) ▼
City	,	State ZIP Coc	le	
Manns Choice		PA 15550		
Original Amount of Loan	10000.00	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
TERMS		Deta Due	leterest Date	Consumed
Date Incurred	ž016 ^Y	Date Due	Interest Rate 701/2016 4.0	
List All Endorsers or Guarar		Loan Source		
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This P	age (optional)		.	110000.00
TOTALS This Period (last page	in this line only)			7 7 7 7
Carry outstanding balance only	to LINE 3. Sche	edule D, for this line. If n	o Schedule D. carry forw	vard to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 10

X 13a

DANS		Detailed Summary Page	(Crieck Only Orle) 13b
AME OF COMMITTEE (In Full) Taxpayers for Art Halvorson	Committee	Transactio	on ID : SC/10.5413
LOAN SOURCE Full Name (Last, Arthur Halvorson			Election: 2016 Primary General
Mailing Address 462 INDIAN GREENS LANE			Other (specify)
City	State ZIP C	Code	
MANNS CHOICE	PA 1555	0	
Original Amount of Loan	Cumulative Payment ⁻	To Date Balanc	ee Outstanding at Close of This Period
90000	00	0.00	90000.00
Date Incurred M 04 O1 O1 Y 2016	Date Du	e Interest Rate 4.00	Secured:
List All Endorsers or Guarantors	if any) to Loan Source		Yes No.
1. Full Name (Last, First, Middle Ir	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (c	ptional)	······	90000.00
OTALS This Period (last page in this	line only)		375000.00
Carry outstanding balance only to LIN	IE 3, Schedule D, for this line.	If no Schedule D, carry forwa	rd to appropriate line of Summary.