

# 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

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))....	14687.41	99044.43
(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)).....	14687.41	99044.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4620.92	231823.38
(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)).....	4620.92	231823.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	59305.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	362000.00	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

Report Covering the Period: From: 10 / 20 / 2016 To: 11 / 28 / 2016

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 08 / 2016 (date of general election)	COLUMN C Total for 11 / 09 / 2016 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
6742.41	80206.41	0.00
(ii) Unitemized		
2945.00	13022.88	100.00
(iii) Total of contributions from individuals		
9687.41	93229.29	100.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 25

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
5000.00	5815.14	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
14687.41	99044.43	100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	200000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	200000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
14687.41	299044.43	100.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 25

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

Report Covering the Period: From:   /   /   To:   /   /

**II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="4620.92"/>	<input type="text" value="231823.38"/>	<input type="text" value="0.00"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="13000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="13000.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="13000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="13000.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 25

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

17620.92	231823.38	13000.00
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

14687.41	99044.43	100.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

4620.92	231823.38	0.00
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	62239.27
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	14687.41
25. SUBTOTAL (add Line 23 and Line 24).....	76926.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17620.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	59305.76

**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 25  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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 ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period  
500.00

Memo Item  
Donation by Check

**B.** Full Name (Last, First, Middle Initial)  
**Durfey, Robert, , ,**

Mailing Address PO Box 235

City North Marshfield State MA Zip Code 02059

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 ▼  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Transaction ID : SA11AI.4550

Amount of Each Receipt this Period  
2600.00

Memo Item  
Credit Card

**C.** Full Name (Last, First, Middle Initial)  
**Isenberg, Israel, , ,**

Mailing Address 31 Rudolph Road

City Marion Center State PA Zip Code 15759

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 Y Y  
11 / 03 / 2016

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period  
500.00

Memo Item  
CC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3600.00

**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 25  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**Jacobs, Shannon, , ,**

Mailing Address 607 Hammer Street

City Bedford State PA Zip Code 15522

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

Name of Employer Self Occupation Restraunteur

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  
10 / 26 / 2016

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period  
500.00

Memo Item  
CC

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

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 ▼  
1142.99

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Transaction ID : SA11AI.4608

Amount of Each Receipt this Period  
38.99

Memo Item  
In-kind - Printed Tri-Fold Brochures

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

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 ▼  
1522.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2016

Transaction ID : SA11AI.4600

Amount of Each Receipt this Period  
379.50

Memo Item  
Ad in Tribune Democrat

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 918.49

**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 9 OF 25  
(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)  
**LEACH, GARRY, , ,**  
 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 ▼  
 1581.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2016  
**Transaction ID : SA11AI.4609**  
 Amount of Each Receipt this Period  
 59.36  
 Memo Item  
 In-kind - Name Tags for Poll Workers

**B.** Full Name (Last, First, Middle Initial)  
**LEACH, GARRY, , ,**  
 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 ▼  
 1881.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2016  
**Transaction ID : SA11AI.4605**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 Fr Ad on Indiana Co Radio

**C.** Full Name (Last, First, Middle Initial)  
**LEACH, PATRICIA, , ,**  
 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: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2943.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2016  
**Transaction ID : SA11AI.4610**  
 Amount of Each Receipt this Period  
 93.28  
 Memo Item  
 In-kind - Tri-Fold Fliers

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 452.64  
**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 10 OF 25	
	<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)  
**LEACH, PATRICIA, , ,**

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 RETIRED
-------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3163.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2016

**Transaction ID : SA11AI.4611**

Amount of Each Receipt this Period  
220.50

Memo Item  
In-kind - Ad in Gazette in Indiana

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

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 RETIRED
-------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3388.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2016

**Transaction ID : SA11AI.4613**

Amount of Each Receipt this Period  
225.00

Memo Item  
In-kind - Derain the Swamp Ad

**C.** Full Name (Last, First, Middle Initial)  
**LEACH, PATRICIA, , ,**

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: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3510.68

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

**Transaction ID : SA11AI.4614**

Amount of Each Receipt this Period  
121.90

Memo Item  
In-kind - Printing Poll Cards

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	567.40
<b>TOTAL</b> 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 25  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**LEACH, PATRICIA, , ,**

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: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3764.56

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2016

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period  
97.26

Memo Item  
In-kind - Printing Copies

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

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: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3667.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2016

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period  
60.42

Memo Item  
In-kind - Printing Poll Cards #1

**C.** Full Name (Last, First, Middle Initial)  
**LEACH, PATRICIA, , ,**

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: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3606.88

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2016

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period  
49.56

Memo Item  
In-kind - Printing Poll Cards #2

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.24

**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 12 OF 25  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**LEACH, PATRICIA, , ,**  
 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: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3557.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2016  
**Transaction ID : SA11AI.4617**  
 Amount of Each Receipt this Period  
 46.64  
 Memo Item  
 In-kind - Printing Poll Cards #3

**B.** Full Name (Last, First, Middle Initial)  
**Lubold, Joseph, , ,**  
 Mailing Address 989 Rustic Lodge Road  
 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 ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2016  
**Transaction ID : SA11AI.4603**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 Donation by Check

**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 ▼  
 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016  
**Transaction ID : SA11AI.4598**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 Donation by Check

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 746.64  
**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 13 OF 25  
(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)  
**Peterson, Glenn, , ,**

Mailing Address 452 Snowdon Place

City Danville State CA Zip Code 94506

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

Name of Employer 1971 Occupation Investment Advisor Compliance

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  
 10 / 30 / 2016

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item  
 CC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____ 6742.41

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

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

FOR LINE NUMBER: PAGE 14 OF 25  
(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 ▼  
5815.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2016

Transaction ID : SA11D.4523

Amount of Each Receipt this Period  
5000.00

Memo Item  
Cash Contribution

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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 15 OF 25	
	<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) <b>A. ANEDOT, COM, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016
Mailing Address 3RD STREET, SUITE 2B		FEC Identification Number C C00545681
City BATON ROUGE	State LA	Zip Code 70801
Purpose of Disbursement Anedot Donation Fees	Category/ Type 003	Amount of Each Disbursement this Period 105.25
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4640
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 09	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, COM, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2016
Mailing Address 3RD STREET, SUITE 2B		FEC Identification Number C C00545681
City BATON ROUGE	State LA	Zip Code 70801
Purpose of Disbursement Anedot Fees from Donation	Category/ Type 003	Amount of Each Disbursement this Period 233.32
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4635
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 09	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. HALVORSON, ERIK, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016
Mailing Address 6730 DESEO APT 246		FEC Identification Number C C00545681
City IRVING	State TX	Zip Code 75039
Purpose of Disbursement Reimbursement for Facebook Ads	Category/ Type 004	Amount of Each Disbursement this Period 500.00
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4639
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 09	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	838.57
<b>TOTAL</b> 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 16 OF 25	
	<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) <b>A. Johnstown Tribune Democrat</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016	
Mailing Address PO Box 340			FEC Identification Number C C00545681	
City Johnstown	State PA	Zip Code 15907	Amount of Each Disbursement this Period 379.50	
Purpose of Disbursement Newspaper Ad		Category/ Type 004	Transaction ID : SB17.4637	
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>B. LEACH, GARRY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 38.99	
Purpose of Disbursement In-kind - Printed Tri-Fold Brochures		Category/ Type	Transaction ID : SB17.4628	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>C. LEACH, GARRY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 59.36	
Purpose of Disbursement In-kind - Name Tags for Poll Workers		Category/ Type	Transaction ID : SB17.4627	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	477.85
<b>TOTAL</b> 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 17 OF 25			
	<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) <b>A. LEACH, PATRICIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2016		
Mailing Address 532 PFEIFFER ROAD					
City MARION CENTER	State PA	Zip Code 15759	FEC Identification Number C		
Purpose of Disbursement In-kind - Tri-Fold Fliers			Amount of Each Disbursement this Period 93.28		
Candidate Name			Transaction ID : SB17.4626		
Office Sought: <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>B. LEACH, PATRICIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2016		
Mailing Address 532 PFEIFFER ROAD					
City MARION CENTER	State PA	Zip Code 15759	FEC Identification Number C		
Purpose of Disbursement In-kind - Ad in Gazette in Indiana			Amount of Each Disbursement this Period 220.50		
Candidate Name			Transaction ID : SB17.4625		
Office Sought: <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>C. LEACH, PATRICIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016		
Mailing Address 532 PFEIFFER ROAD					
City MARION CENTER	State PA	Zip Code 15759	FEC Identification Number C		
Purpose of Disbursement In-kind - Derain the Swamp Ad			Amount of Each Disbursement this Period 225.00		
Candidate Name			Transaction ID : SB17.4623		
Office Sought: <input 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:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	538.78
<b>TOTAL</b> 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 18 OF 25	
	<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) <b>A. LEACH, PATRICIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 121.90	
Purpose of Disbursement In-kind - Printing Poll Cards		Category/ Type	Transaction ID : SB17.4622	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. LEACH, PATRICIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 46.64	
Purpose of Disbursement In-kind - Printing Poll Cards #3		Category/ Type	Transaction ID : SB17.4619	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>C. LEACH, PATRICIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 49.56	
Purpose of Disbursement In-kind - Printing Poll Cards #2		Category/ Type	Transaction ID : SB17.4620	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	218.10
<b>TOTAL</b> 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 19 OF 25	
	<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) <b>A. LEACH, PATRICIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 60.42	
Purpose of Disbursement In-kind - Printing Poll Cards #1		Category/Type	Transaction ID : SB17.4621	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. LEACH, PATRICIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 97.26	
Purpose of Disbursement In-kind - Printing Copies		Category/Type	Transaction ID : SB17.4624	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>c. Renda Broadcasting</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016	
Mailing Address 900 Parish Street, 4th Floor			FEC Identification Number C C00545681	
City Pittsburgh	State PA	Zip Code 15220	Amount of Each Disbursement this Period 495.00	
Purpose of Disbursement Radio Spots 11/02-07/2016		Category/Type 004	Transaction ID : SB17.4632	
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>		<input type="checkbox"/> Memo Item		
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				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	652.68
<b>TOTAL</b> 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 20 OF 25	
	<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) <b>A. Sterns, Joseph, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 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 1574.94	
Purpose of Disbursement Reimburse for Gravis Mkt Invoices X 3		Category/ Type 004	Transaction ID : SB17.4636	
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>B. WDAD</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016	
Mailing Address 840 Philadelphia Street			FEC Identification Number C C00545681	
City Indiana	State PA	Zip Code 15701	Amount of Each Disbursement this Period 320.00	
Purpose of Disbursement Radio Ads 11/03-08/2016		Category/ Type 004	Transaction ID : SB17.4633	
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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1894.94
<b>TOTAL</b> This Period (last page this line number only).....▶	4620.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 25	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. Halvorson, Arthur, L., ,</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 10 / 2016</b>
Mailing Address P.O. Box 11		FEC Identification Number <b>C C00545681</b>
City Bedford	State PA	Zip Code 15522
Purpose of Disbursement Partial Repayment of Loan amount	<input type="checkbox"/> 009	Amount of Each Disbursement this Period <b>13000.00</b>
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>	Category/ Type	<b>Transaction ID : SB19A.4643</b>
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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number <b>C</b>
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number <b>C</b>
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>13000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>13000.00</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

<b>LOAN SOURCE</b> 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 13000.00	Balance Outstanding at Close of This Period 87000.00
--------------------------------------	--	---

<b>TERMS</b>	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
--------------	---------------------------------------	--------------------------------------	--	---

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	87000.00
<b>TOTALS</b> 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

<b>LOAN SOURCE</b> 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 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
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<b>TERMS</b>	Date Incurred M 04 / D 09 / Y 2014	Date Due M M / D D / Y 05/14/2014	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	75000.00
<b>TOTALS</b> 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

<b>LOAN SOURCE</b> 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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<b>TERMS</b>	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	110000.00
<b>TOTALS</b> 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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2016
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
90000.00	0.00	90000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 01 / Y 2016	M M / D D / Y 12/01/2016	0.04 % (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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	90000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	362000.00

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