PAGE 1 / 25

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3 | For An A | authorized Com | ımittee | Off | ice Use Only |
|---------------------------------|------------------------|-----------------------|---|---------------------------------------|---------------------------------|
| NAME OF COMMITTEE (in full) | TYPE OR PRIN | | cample: If typing, ty ver the lines. | pe 12FE4M5 | |
| Taxpayers for Art I | Halvorson Comn | nittee | | | 1 |
| | | | | | |
| | | | | | |
| ADDRESS (number and stree | et) PO Box 11 | | | | |
| ▼ Check if different | | | | | |
| than previously reported. (ACC) | Bedford | | | PA 155 | 522 |
| 2. FEC IDENTIFICATIO | N NUMBER W | CITY ▲ | | STATE A | ZIP CODE ▲ |
| Z. FEC IDENTIFICATIO | IN NOWIDER ¥ | - | | | STATE ▼ DISTRICT |
| C C00545681 | | 3. IS THIS REPORT | NEW (N) O | R AMENDED (A) | I |
| 4 TVDE OF DEDOD | | | | | |
| 4. TYPE OF REPORT | | (b) 12-Day PRE | -Election Report fo | r the: | |
| (a) Quarterly Reports |): | П | Primary (12P) | General (12G) | Runoff (12R) |
| April 15 Quar | terly Report (Q1) | H | | T T | Tidile (IZI) |
| July 15 Quart | erly Report (Q2) | ш | Convention (12C) | Special (12S) | |
| | Quarterly Report (Q3) | Election on | M M / D | D / Y Y Y Y | in the State of |
| January 31 Ye | ear-End Report (YE) | (c) 30-Day POS | ST-Election Report 1 | for the: | |
| | | x | General (30G) | Runoff (30R) | Special (30S) |
| Termination R | leport (TER) | Election on | M M / D | 08 / Y Y Y Y Y Y 2016 | in the PA |
| 5. Covering Period | M M / D D / | Y Y Y Y Y 2016 | through | M M / D D / Y | Y Y Y Z016 |
| I certify that I have examin | ed this Report and to | the best of my ki | nowledge and belie | f it is true, correct and co | omplete. |
| Type or Print Name of Trea | Jacobs, Cath | | · | | |
| Signature of Treasurer | Jacobs, Catherine, , , | | [Electronically Filed] | Date Date | 27 / Y Y Y Y Y 2017 |
| NOTE: Submission of false | erroneous, or incomple | te information may | subject the person s | sianina this Report to the n | enalties of 52 U.S.C. §30109 |
| Office | | - Indiana | | I I I I I I I I I I I I I I I I I I I | |
| Use | | | | | FEC FORM 3 (Revised 05/2016) |

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

2016 10 2016 11 28 20 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 14687.41 99044.43 (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) 14687.41 99044.43 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 4620.92 231823.38 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 231823.38 4620.92 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 59305.76 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 362000.00 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

PAGE 2 / 25

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 25

- 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: 2016 28 2016 From: 10 20 To: 11 I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 80 2016 09 (date after general election) (date of general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 28 2016 Political Committees (last day of reporting period) Itemized (use Schedule A) 6742.41 80206.41 0.00 Unitemized 2945.00 13022.88 100.00 (iii) Total of contributions from individuals 9687.41 93229.29 100.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

PAGE 4 / 25

FEC Form 3 (Revised 1/01)

| | 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 lo | ans) (add Lines 11(a)(iii), (b), (c) and (d)) | |
| | 14687.41 | 99044.43 | 100.00 |
| 2. | TRANSFERS FROM OTHER AUTHORIZED | COMMITTEES | |
| | 0.00 | 0.00 | 0.00 |
| 3. | 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 |
| 4. | OFFSETS TO OPERATING EXPENDITURES | S (Refunds, rebates, etc.) | |
| | 0.00 | 0.00 | 0.00 |
| 5. | OTHER RECEIPTS (Dividends, Interest, etc.) | | |
| | 0.00 | 0.00 | 0.00 |
| 6. | TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 | and 15) | |
| | 14687.41 | 299044.43 | 100.00 |

Report of Receipts and Disbursements

PAGE 5 / 25 FEC Form 3 (Revised 1/01) Write or Type Committee Name Taxpayers for Art Halvorson Committee 10 20 2016 2016 Report Covering the Period: 11 28 To: From: **II. DISBURSEMENTS COLUMN A COLUMN B COLUMN C** Total for * (date after general election) **Total this Period** Election Cycle Total as of * (date of general election) through * (last day of reporting period) (* See page 5 for date) (* See page 5 for dates) 17. OPERATING EXPENDITURES 0.00 4620.92 231823.38 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate 13000.00 0.00 13000.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 13000.00 0.00 13000.00 REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 0.00 (b) Political Party Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

PAGE 6 / 25

FEC Form 3 (Revised 1/01)

COLUMN A COLUMN B COLUMN C **Total this Period** Election Cycle Total as of * Total for * (date after general election) (date of general election) through * (last day of reporting period) (* See page 5 for date) (* See page 5 for dates) Other Political Committees (such as PACs) 0.00 0.00 0.00 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 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 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 V. CASH SUMMARY CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... 62239.27 14687.41 24. TOTAL RECIEPTS THIS PERIOD (from Line 16)..... 76926.68 25. SUBTOTAL (add Line 23 and Line 24)..... 17620.92 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) 59305.76

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) **x** |_{11a} 11b 11d 11c

25

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 12 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) BROWN, TAUNA, , , Date of Receipt Mailing Address 1500 PHILADELPHIA AVENUE City State Zip Code Transaction ID: SA11AI.4597 PΑ CHAMBERSBURG 17201 FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 500.00 Name of Employer Occupation N/A N/A Memo Item Receipt For: 2016 Election Cycle-to-Date Donation by Check Primary 🗶 General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) Durfey, Robert, , , Date of Receipt Mailing Address PO Box 235 2016 10 City State Zip Code Transaction ID: SA11AI.4550 North Marshfield MA 02059 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Retired Retired Memo Item Receipt For: 2016 Election Cycle-to-Date Credit Card Primary ✗ General 2600.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Isenberg, Israel, , , Date of Receipt Mailing Address 31 Rudolph Road 03 City State Zip Code Transaction ID: SA11AI.4573 PΑ Marion Center 15759 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation NA Memo Item Receipt For: 2016 Election Cycle-to-Date CC Primary ✗ General 500.00 Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| F | OR | LINE I | NU | MBER: | PAGE | 8 | OF | 2 | 25 | |
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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

| Taxpayers for Art Halvorson Co | ommittee | | | | | |
|---|---|--|--|--|--|--|
| Full Name (Last, First, Middle Initial) Jacobs, Shannon, , , Mailing Address 607 Hammer Street | Jacobs, Shannon, , , | | | | | |
| City Bedford | 10 26 2016 Transaction ID : SA11AI.4542 | | | | | |
| FEC ID number of contributing federal political committee. | Amount of Each Receipt this Period | | | | | |
| Name of Employer Self Receipt For: 2016 Primary General | Occupation Restraunteur Election Cycle-to-Date | Memo Item | | | | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) | 500.00 | | | | | |
| 3. LEACH, GARRY, , , Mailing Address 532 PFEIFFER ROAD | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| City MARION CENTER | State Zip Code PA 15759 | Transaction ID : SA11AI.4608 | | | | |
| FEC ID number of contributing federal political committee. | · / · | | | | | |
| Name of Employer N/A | Occupation N/A | 38.99 Memo Item | | | | |
| Receipt For: 2016 Primary | Election Cycle-to-Date 1142.99 | In-kind - Printed Tri-Fold Brochures | | | | |
| Full Name (Last, First, Middle Initial) LEACH, GARRY, , , | | Date of Receipt | | | | |
| Mailing Address 532 PFEIFFER ROAD City | State Zip Code | 11 04 2016 Transaction ID : SA11Al.4600 | | | | |
| MARION CENTER FEC ID number of contributing federal political committee. | PA 15759 | Amount of Each Receipt this Period | | | | |
| Name of Employer N/A | 379.50 Memo Item | | | | | |
| Receipt For: 2016 Primary General Other (specify) ▼ | Ad in Tribune Democrat | | | | | |
| SUBTOTAL of Receipts This Page (optional) | _ | 918.49 | | | | |
| TOTAL This Period (last nage this line number | c only) | | | | | |

Use separate schedule(s)

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for each category of the ITEMIZED RECEIPTS **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) LEACH, GARRY, , , Date of Receipt Mailing Address 532 PFEIFFER ROAD 04 City State Zip Code Transaction ID: SA11AI.4609 PΑ MARION CENTER 15759 FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. Name of Employer Occupation N/A N/A Memo Item Receipt For: 2016 Election Cycle-to-Date In-kind - Name Tags for Poll Workers Primary 🗶 General 1581.85 Other (specify) ▼ Full Name (Last, First, Middle Initial) LEACH, GARRY, , , Date of Receipt Mailing Address 532 PFEIFFER ROAD 2016 07 City State Zip Code Transaction ID: SA11AI.4605 MARION CENTER PΑ 15759 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation N/A N/A Memo Item Receipt For: 2016 Election Cycle-to-Date Fr Ad on Indiana Co Radio Primary 🗶 General 1881.85 Other (specify) ▼ Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Date of Receipt Mailing Address 532 PFEIFFER ROAD 25 City State Zip Code Transaction ID: SA11AI.4610 MARION CENTER PΑ 15759 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 93.28 Name of Employer Occupation **RETIRED** N/A Memo Item Receipt For: 2016 Election Cycle-to-Date In-kind - Tri-Fold Fliers Primary ✗ General Other (specify) 2943.28 452.64 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Date of Receipt Mailing Address 532 PFEIFFER ROAD 01 City State Zip Code Transaction ID: SA11AI.4611 PΑ MARION CENTER 15759 FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 220.50 Name of Employer Occupation **RETIRED** N/A Memo Item Receipt For: 2016 Election Cycle-to-Date In-kind - Ad in Gazette in Indiana Primary 🗶 General 3163.78 Other (specify) Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Date of Receipt Mailing Address 532 PFEIFFER ROAD 04 2016 City State Zip Code Transaction ID: SA11AI.4613 MARION CENTER PΑ 15759 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 225.00 Name of Employer Occupation N/A RETIRED Memo Item Receipt For: 2016 Election Cycle-to-Date In-kind - Derain the Swamp Ad Primary ✗ General 3388.78 Other (specify) ▼ Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Date of Receipt Mailing Address 532 PFEIFFER ROAD City State Zip Code Transaction ID: SA11AI.4614 MARION CENTER PΑ 15759 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 121.90 Name of Employer Occupation **RETIRED** Memo Item Receipt For: 2016 Election Cycle-to-Date In-kind - Printing Poll Cards Primary ✗ General Other (specify) 3510.68 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NUMBER: Use separate schedule(s) for each category of the Detailed Summary Page

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|---|--|---|--|--|--|--|--|
| | Statements may not be sold or used by any pure name and address of any political committee | erson for the purpose of soliciting contributions | | | | | |
| NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Co | ommittee | | | | | | |
| Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Mailing Address 532 PFEIFFER ROAD City | LEACH, PATRICIA, , , failing Address 532 PFEIFFER ROAD | | | | | | |
| MARION CENTER FEC ID number of contributing federal political committee. | PA 15759 C | Amount of Each Receipt this Period | | | | | |
| Name of Employer N/A Receipt For: 2016 Primary General Other (specify) ▼ | Occupation RETIRED Election Cycle-to-Date 3764.56 | Memo Item In-kind - Printing Copies | | | | | |
| Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Mailing Address 532 PFEIFFER ROAD City MARION CENTER | State Zip Code | Date of Receipt M M | | | | | |
| FEC ID number of contributing federal political committee. Name of Employer N/A Receipt For: 2016 Primary General Other (specify) ▼ | C Occupation RETIRED Election Cycle-to-Date | Amount of Each Receipt this Period 60.42 Memo Item In-kind - Printing Poll Cards #1 | | | | | |
| Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Mailing Address 532 PFEIFFER ROAD City | State Zip Code | Date of Receipt 11 08 2016 Transaction ID : SA11AI.4616 | | | | | |
| FEC ID number of contributing federal political committee. | PA 15759 | Amount of Each Receipt this Period | | | | | |
| Name of Employer N/A Receipt For: 2016 Primary General Other (specify) ▼ | Occupation RETIRED Election Cycle-to-Date 3606.88 | Memo Item In-kind - Printing Poll Cards #2 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | · · · · · · · · · · · · · · · · · · · | 207.24 | | | | | |
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Use separate schedule(s)

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for each category of the ITEMIZED RECEIPTS **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Date of Receipt Mailing Address 532 PFEIFFER ROAD 80 City State Zip Code Transaction ID: SA11AI.4617 PΑ MARION CENTER 15759 FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. Occupation Name of Employer **RETIRED** N/A Memo Item Receipt For: 2016 Election Cycle-to-Date In-kind - Printing Poll Cards #3 Primary 🗶 General 3557.32 Other (specify) ▼ Full Name (Last, First, Middle Initial) Lubold, Joseph, , , Date of Receipt Mailing Address 989 Rustic Lodge Road 04 2016 City State Zip Code Transaction ID: SA11AI.4603 Indiana PΑ 15701 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation NA NA Memo Item Receipt For: 2016 Election Cycle-to-Date Donation by Check Primary ✗ General 300.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Musser, Fred, , , Date of Receipt Mailing Address 1880 Route 119 HWY N City State Zip Code Transaction ID: SA11AI.4598 PΑ Indiana 15701 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 400.00 Name of Employer Occupation NA Memo Item Receipt For: 2016 Election Cycle-to-Date Donation by Check Primary ✗ General Other (specify) 5400.00 746.64 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

| F | OR LINE NUMBER: | | | | PAGE | 3 | OF | 25 | |
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ITEMIZED RECEIPTS **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) Peterson, Glenn, , , Date of Receipt Mailing Address 452 Snowdon Place 30 City State Zip Code Transaction ID: SA11AI.4563 CA 94506 Danville FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation 1971 Investment Advisor Compliance Memo Item Receipt For: 2016 Election Cycle-to-Date CC Primary 🗶 General 250.00 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 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) 250.00 SUBTOTAL of Receipts This Page (optional)..... 6742.41

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

Name of Employer

Primary

Other (specify) ▼

General

Receipt For:

S

| lma | ge# 201703279051892312 | | | | | | | | | |
|------------|---|---------------------------|---|--|--|--|--|--|--|--|
| | CHEDULE A (FEC Form 3) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 OF 25 (check only one) 11a 11b 11c | | | | | | |
| | | | | person for the purpose of soliciting contributions tee to solicit contributions from such committee. | | | | | | |
| | NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Con Full Name (Last, First, Middle Initial) | nmittee | | | | | | | | |
| A. | HALVORSON, ARTHUR L, , , , Mailing Address 462 Indian Greens Lane | | | Date of Receipt 11 05 2016 | | | | | | |
| | City BEDFORD | State PA | Zip Code 15522 | Transaction ID : SA11D.4523 | | | | | | |
| | FEC ID number of contributing federal political committee. | | PA09056 | Amount of Each Receipt this Period 5000.00 | | | | | | |
| | Name of Employer Self | Occupation Real Estate | | | | | | | | |
| | Receipt For: 2016 Primary General Other (specify) ▼ | Election Cy | ycle-to-Date ▼ 5815.14 | Memo Item Cash Contribution | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Mailing Address | | | Date of Receipt | | | | | | |
| | City | State | Zip Code | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Election Cy | ycle-to-Date | Memo Item | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Receipt | | | | | | |
| U . | C. Mailing Address | | | M M / D D / Y Y Y Y | | | | | | |
| | City | State | Zip Code | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | | | | |

Occupation

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

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

Election Cycle-to-Date

5000.00

5000.00

Memo Item

PAGE 15 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) Date of Disbursement A. ANEDOT, COM, , , 20 2016 Mailing Address 3RD STREET, SUITE 2B City State Zip Code **FEC Identification Number** ΙΑ **BATON ROUGE** 70801 Purpose of Disbursement Anedot Donation Fees C00545681 003 Candidate Name Amount of Each Disbursement this Period Category/ Taxpayers for Art Halvorson Committee Type Disbursement For: 2016 Office Sought: House 105.25 Senate Primary ✗ General Transaction ID: SB17.4640 Other (specify) President Memo Item PA District: Full Name (Last, First, Middle Initial) ANEDOT, COM, , , Date of Disbursement Mailing Address 3RD STREET, SUITE 2B 80 2016 City State Zip Code **FEC Identification Number** LA **BATON ROUGE** 70801 Purpose of Disbursement Anedot Fees from Donation C00545681 003 Candidate Name Amount of Each Disbursement this Period Category/ Taxpayers for Art Halvorson Committee Type Disbursement For: 233.32 Office Sought: House 2016 -000 Senate Primary ✗ General Transaction ID: SB17.4635 Other (specify) President Memo Item PΑ District: Full Name (Last, First, Middle Initial) C. HALVORSON, ERIK, , , Date of Disbursement Mailing Address 6730 DESEO 10 31 2016 **APT 246** City Zip Code State **FEC Identification Number IRVING** TX 75039 Purpose of Disbursement C00545681 Reimburement for Facebook Ads 004 Candidate Name Amount of Each Disbursement this Period Category/ Taxpayers for Art Halvorson Committee Type Disbursement For: 2016 500.00 Office Sought: House ✗ General Senate Primary Transaction ID: SB17.4639 President Other (specify) Memo Item State: PA District: SUBTOTAL of Disbursements This Page (optional)..... 838.57 TOTAL This Period (last page this line number only).....

PAGE 16 OF 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) Date of Disbursement Johnstown Tribune Democrat 10 31 2016 Mailing Address PO Box 340 City State Zip Code **FEC Identification Number** PΑ Johnstown 15907 Purpose of Disbursement Newspaper Ad C00545681 004 Candidate Name Amount of Each Disbursement this Period Category/ Taxpayers for Art Halvorson Committee Type Disbursement For: 2016 Office Sought: House 379.50 Senate Primary ✗ General Transaction ID: SB17.4637 Other (specify) President Memo Item PA District: Full Name (Last, First, Middle Initial) LEACH, GARRY, , , Date of Disbursement Mailing Address 532 PFEIFFER ROAD 2016 28 10 City State Zip Code **FEC Identification Number** PΑ MARION CENTER 15759 Purpose of Disbursement In-kind - Printed Tri-Fold Brochures Candidate Name Amount of Each Disbursement this Period Category/ Type 38.99 Disbursement For: Office Sought: House 2016 Senate Primary ✗ General Transaction ID: SB17.4628 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. LEACH, GARRY, , , Mailing Address 532 PFEIFFER ROAD 04 2016 City State Zip Code **FEC Identification Number** MARION CENTER PΑ 15759 Purpose of Disbursement In-kind - Name Tags for Poll Workers Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 59.36 Office Sought: House Senate Primary ✗ General Transaction ID: SB17.4627 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 477.85 TOTAL This Period (last page this line number only).....

Candidate Name

Office Sought:

State:

House Senate

District:

President

PAGE 17 25 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) Date of Disbursement A. LEACH, PATRICIA, , , 25 2016 Mailing Address 532 PFEIFFER ROAD City State Zip Code **FEC Identification Number** PΑ MARION CENTER 15759 Purpose of Disbursement In-kind - Tri-Fold Fliers Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 Office Sought: House 93.28 Senate Primary ✗ General Transaction ID: SB17.4626 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Date of Disbursement Mailing Address 532 PFEIFFER ROAD 01 2016 City State Zip Code **FEC Identification Number** PΑ MARION CENTER 15759 Purpose of Disbursement In-kind - Ad in Gazette in Indiana Candidate Name Amount of Each Disbursement this Period Category/ Type 220.50 Disbursement For: Office Sought: 2016 House -95 Senate Primary ✗ General Transaction ID: SB17.4625 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. LEACH, PATRICIA, , , Mailing Address 532 PFEIFFER ROAD 04 2016 City State Zip Code **FEC Identification Number** MARION CENTER PΑ 15759 Purpose of Disbursement In-kind - Derain the Swamp Ad

> Category/ Type

Disbursement For: 2016

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

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

Primary

Other (specify)

✗ General

Amount of Each Disbursement this Period

Transaction ID: SB17.4623

Memo Item

225.00

538.78

PAGE 18 OF 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) Date of Disbursement A. LEACH, PATRICIA, , , 07 2016 Mailing Address 532 PFEIFFER ROAD City State Zip Code **FEC Identification Number** PΑ MARION CENTER 15759 Purpose of Disbursement In-kind - Printing Poll Cards Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 Office Sought: House 121.90 Senate Primary ✗ General Transaction ID: SB17.4622 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Date of Disbursement Mailing Address 532 PFEIFFER ROAD 80 2016 City State Zip Code **FEC Identification Number** PΑ MARION CENTER 15759 Purpose of Disbursement In-kind - Printing Poll Cards #3 Candidate Name Amount of Each Disbursement this Period Category/ Type 46.64 Disbursement For: Office Sought: House 2016 Senate Primary ✗ General Transaction ID: SB17.4619 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. LEACH, PATRICIA, , , Mailing Address 532 PFEIFFER ROAD 80 2016 City State Zip Code **FEC Identification Number** MARION CENTER PΑ 15759 Purpose of Disbursement In-kind - Printing Poll Cards #2 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary ✗ General Transaction ID: SB17.4620 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 218.10 TOTAL This Period (last page this line number only).....

PAGE 19 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) Date of Disbursement A. LEACH, PATRICIA, , , 08 2016 Mailing Address 532 PFEIFFER ROAD City State Zip Code **FEC Identification Number** PΑ MARION CENTER 15759 Purpose of Disbursement In-kind - Printing Poll Cards #1 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 Office Sought: House 60.42 Senate Primary ✗ General Transaction ID: SB17.4621 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) LEACH, PATRICIA, , , Date of Disbursement Mailing Address 532 PFEIFFER ROAD 80 2016 City State Zip Code **FEC Identification Number** PΑ MARION CENTER 15759 Purpose of Disbursement In-kind - Printing Copies Candidate Name Amount of Each Disbursement this Period Category/ Type 97.26 Office Sought: House Disbursement For: 2016 Senate Primary ✗ General Transaction ID: SB17.4624 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) C. Renda Broadcasting Date of Disbursement Mailing Address 900 Parish Street, 4th Floor 03 2016 City State Zip Code **FEC Identification Number** Pittsburgh PΑ 15220 Purpose of Disbursement Radio Spots 11/02-07/2016 C00545681 004 Candidate Name Amount of Each Disbursement this Period Category/ Taxpayers for Art Halvorson Committee Type Office Sought: Disbursement For: 2016 495.00 House Senate Primary ✗ General Transaction ID: SB17.4632 President Other (specify) Memo Item State: PA District: 09 SUBTOTAL of Disbursements This Page (optional)..... 652.68 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 20 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee Full Name (Last, First, Middle Initial) Date of Disbursement A. Sterns, Joseph, , , 2016 10 Mailing Address 203 Chestnut Ridge Drive City State Zip Code **FEC Identification Number** PΑ Orwigsburg 17962 Purpose of Disbursement Reimburse for Gravis Mkt Invoices X 3 C00545681 004 Candidate Name Amount of Each Disbursement this Period Category/ Taxpayers for Art Halvorson Committee Type Disbursement For: 2016 1574.94 Office Sought: House Senate Primary ✗ General Transaction ID: SB17.4636 Other (specify) President Memo Item PA State: District: Full Name (Last, First, Middle Initial) WDAD Date of Disbursement Mailing Address 840 Philadelphia Street 2016 03 City State Zip Code **FEC Identification Number** PΑ 15701 Indiana Purpose of Disbursement Radio Ads 11/03-08/2016 C00545681 004 Candidate Name Amount of Each Disbursement this Period Category/ Taxpayers for Art Halvorson Committee Type Disbursement For: 320.00 Office Sought: House 2016 Senate Primary ✗ General Transaction ID: SB17.4633 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1894.94 TOTAL This Period (last page this line number only)..... 4620.92

| 30 | CHEDULE B (FEC Form 3) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 21 OF 25 (check only one) |
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| T | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 17 18 X 19a 19b 20a 20b 20c 21 |
| | ny information copied from such Reports and Statements m for commercial purposes, other than using the name and | | |
| \setminus | NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee | | |
| | Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| ۹. | Halvorson, Arthur, L., , | | M M / D D / Y Y Y Y |
| | Mailing Address P.O. Box 11 | | 11 10 2016 |
| | City State Bedford PA | Zip Code 15522 | FEC Identification Number |
| | Purpose of Disbursement Partial Repayment of Loan amount | 009 | C C00545681 |
| | Candidate Name Taxpayers for Art Halvorson Committee | Category Type | Amount of Each Disbursement this Period |
| | Office Sought: M House Disbursement For | r: 2016 | 13000.00 |
| | | ∡ General specify) ▼ | Transaction ID : SB19A.4643 Memo Item |
| | State: PA District: 09 Full Name (Last, First, Middle Initial) | | |
| 3. | , , | | Date of Disbursement |
| | Mailing Address | | M M / D D / Y Y Y |
| | City State | Zip Code | FEC Identification Number |
| | Purpose of Disbursement | | C |
| | Candidate Name | Category | Amount of Each Disbursement this Period |
| | Office Sought: House Disbursement For | Type : | |
| | Senate Primary | | |
| | State: President Other (s | specify) 🔻 | Memo Item |
| • | Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| J. | Mailing Address | | M M / D D / Y Y Y |
| | City State | Zip Code | |
| | | Zip Gode | FEC Identification Number |
| | Purpose of Disbursement | | C |
| | Candidate Name | Category Type | Amount of Each Disbursement this Period |
| | Office Sought: House Disbursement For Senate Primary | | |
| | President Other (s | | Memo Item |
| | SUBTOTAL of Disbursements This Page (optional) | | 13000.00 |
| | | | |

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

13000.00

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 22 OF

| × | 13a |
|---|-----|
| | 13b |

25

| | | | | | | | | | 130 |
|--|---------------------|------------------------------|---------------|----------------------------|-------------------------|-----------|-----------------------|------------|---------------|
| AME OF COMMITTEE (In Full) Faxpayers for Art Halvorson | Comn | nittee | | | Trans | action II |) : SC/10.420 | 69 | |
| LOAN SOURCE Full Name (Last, Halvorson, Arthur, L., , | First, Mic | ddle Initial) | | | Memo Iter | '' | tion: 2014 Primary | | |
| Mailing Address P.O. Box 11 | | | | | General Other (speci | fy) ▼ | | | |
| City State ZIP Co | | | |) | | × | Doroonal Fr | undo of th | o Condidata |
| Bedford PA 1552 | | | | reisonal | | | | unas or tr | e Candidate |
| Original Amount of Loan Cumulative Payment To | | | | ate | Ва | alance O | utstanding a | t Close o | f This Period |
| 100000.00 | | | | 13000.00 |) | | 7 | 87 | 000.00 |
| TERMS Date Incurred | | D | ate Due | | Interest Ra | | | Secu | red: |
| M06 ^M / D27 ^D / Y Ž01Š Y M M / D D / Y | | | | 0/2014 ^Y | | 0.00 | % (apr) | | res 🗶 No |
| List All Endorsers or Guarantors | (if any) t | o Loan Source | | | | | | | |
| 1. Full Name (Last, First, Middle I | nitial) | | I | Name of Em | ıployer | | | | |
| Mailing Address | | | (| Occupation | | | | | |
| | | | <u> </u> | Amount | | | | | |
| City | City State ZIP Code | | | Guaranteed Outstanding: | | | | | |
| 2. Full Name (Last, First, Middle In | itial) | | 1 | Name of Employer | | | | | |
| Mailing Address | | | | Occupation | | | | | |
| | | | , | Amount | | | | | |
| City | ity State ZIP Code | | | Guaranteed Outstanding: | | | | | |
| 3. Full Name (Last, First, Middle In | 1 | Name of Employer Occupation | | | | | | | |
| Mailing Address | (| | | | | | | | |
| | | | , | Amount | | | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | 7 | | 1 (8) | |
| 4. Full Name (Last, First, Middle In | 1 | Name of Employer | | | | | | | |
| Mailing Address | (| Occupation | | | | | | | |
| | | | | Amount | | | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | 7 | 7 | 1 / | |
| | | | <u>'</u> | | | | | | |
| SUBTOTALS This Period This Page (| optional). | | | | ▶ | | 7 | 870 | 00.00 |
| TOTALS This Period (last page in this | s line only | /) | | | ▶ | | 7 | , | |
| Carry outstanding balance only to LI | NE 3. Sch | nedule D. for this | s line. If no | Schedule | D. carry fo | rward to | o appropriat | te line of | Summarv |
| , - and an an a balance only to El | ·, - | | | 33344.0 | _, | | - ~PP.0P.10 | | y. |

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 23

13a

OF

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|---|--|---|--------------------|------------|--|--|--|--|--|
| | ME OF COMMITTEE (In Full) axpayers for Art Halvorson | Comm | nittee | | Trans | saction ID : SC/10.4268 | | | |
| | LOAN SOURCE Full Name (Last, | First Mic | Idle Initial) | | | Election: 2014 | | | |
| | Halvorson, Arthur, L., , | i ii St, iviic | idie iliitiai) | | ∐ Memo Ite | m Primary General | | | |
| | Mailing Address P.O. Box 11 | | | | | Other (specify) ▼ | | | |
| | City | State | ZIP Co | | Personal Funds of the Candidate | | | | |
| | Bedford | | PA | 15522 | | To restrain turing of the Garlandian | | | |
| | Original Amount of Loan Cumulative Payment T | | | | Date B | alance Outstanding at Close of This Period | | | |
| | 75000 | 75000.00 TERMS Date Incurred Date Du | | | 0.00 75000.00 | | | | |
| | TERMS Date Incurred | | | | ue Interest Rate Secured: (If none, enter 0) | | | | |
| | M04M / D09D / Y 2014 Y M M / D D / Yo | | | | 0.00 % (apr) Yes No | | | | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | | | |
| | | Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , , , , , , , , , | | | |
| | 2. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , , , , , , | | | |
| | 3. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | · | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | · · · · · · · · · · · · · · · · · · · | | | |
| | 4. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | Amount | | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 | | | |
| | | | | | | | | | |
| S | UBTOTALS This Period This Page (| optional) | | | <u> </u> | 75000.00 | | | |
| Т | OTALS This Period (last page in this | s line only | r) | | ······ | | | | |
| c | Carry outstanding balance only to LI | NE 3, Sch | nedule D, for this | s line. If | no Schedule D, carry fo | prward 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 24

13a

OF

25

| | | 100 | | | | | | |
|---|---|---|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Comr | nittee | Transaction ID: SC/10.4425 | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mid | LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016 | | | | | | | |
| Halvorson, Arthur, L., , | - | | | | | | | |
| Mailing Address P.O. Box 11 | | General Other (specify) ▼ | | | | | | |
| City | State | ZIP Code ** Personal Funds of the Candidate | | | | | | |
| Bedford | PA | 15522 | | | | | | |
| Original Amount of Loan | Cumulative Page | yment To Date Balance Outstanding at Close of This Period | | | | | | |
| 110000.00 | | 0.00 110000.00 | | | | | | |
| TERMS Date Incurred | С | late Due Interest Rate Secured: (If none, enter 0) | | | | | | |
| ^M 03 ^M / ^D 21 ^D / ^Y Ž016 Y | M M / D D | / ^Y 12/Ŏ1/2Ŏ16 ^Y 0.04 % (apr) Yes ₩ No | | | | | | |
| List All Endorsers or Guarantors (if any) t | to Loan Source | | | | | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | | |
| Mailing Address | | Occupation | | | | | | |
| | | Amount | | | | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | | | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | | |
| Mailing Address | | Occupation | | | | | | |
| | | Amount Guaranteed | | | | | | |
| City | ZIP Code | Outstanding: | | | | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | | |
| Mailing Address | | Occupation | | | | | | |
| | | Amount Guaranteed | | | | | | |
| City | ZIP Code | Outstanding: | | | | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | | |
| Mailing Address | | Occupation | | | | | | |
| | | Amount | | | | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | | | | |
| SUBTOTALS This Period This Page (optional) | | 440000 00 | | | | | | |
| Total Time I and Time I ago (optional) | | 110000.00 | | | | | | |
| TOTALS This Period (last page in this line only | y) | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Carry outstanding balance only to LINE 3, Sc | hedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | | | | | |

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

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

PAGE 25 OF FOR LINE NUMBER: **x** 13a (check only one)

25

13b Transaction ID: SC/10.4432 NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Halvorson, Arthur, L.,, General Mailing Address P.O. Box 11 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate PΑ 15522 Bedford Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 90000.00 0.00 90000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.04 D01D M 04M ž016 Y12/01/2016Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 90000.00 TOTALS 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.