

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 JUN 10 AM 8:30  
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

TAXPAYERS FOR ART HALVORSON COMMITTEE

ADDRESS (number and street) P.O. BOX 11

(Check if address is changed)

BE D F O R D P A 1 5 5 2 2 - CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) ART@ARTHALVORSONFORCONGRESS.COM

Optional Second E-Mail Address INFO@ARTHALVORSONFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) WWW.ARTHALVORSONFORCONGRESS.COM

2. DATE 05 ' 18 ' 2013

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer DOUGLAS A. BRAENDEL

Signature of Treasurer [Signature] Date 06 ' 01 ' 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

13031074311

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate ART HUR L. HALVORSON

Candidate Party Affiliation REP Office Sought:  House  Senate  President State PA District 9

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation                                      Corporation w/o Capital Stock                                      Labor Organization  
 Membership Organization                                      Trade Association                                      Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- 1. \_\_\_\_\_ FEC ID number C
- 2. \_\_\_\_\_ FEC ID number C
- 3. \_\_\_\_\_ FEC ID number C
- 4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NOINE

Mailing Address

[Mailing address grid]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

TREASURER

Mailing Address

[Mailing address grid]

Title or Position

CITY

STATE

ZIP CODE

[Title or Position grid]

Telephone number

[Telephone number grid]

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

DOUGLAS A. BRAENDEL

Mailing Address

1084 GRAND VIEW AVE

EVERETT

CITY

PA

STATE

15537

ZIP CODE

Title or Position

TREASURER

Telephone number

814-889-9045

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

H, O M E T O W N B A N K O F P E N N S Y L V A N I A

Mailing Address

P O B O X 6 5 2

[Empty grid for Mailing Address line 2]

B E D F O R D P A 1 5 5 2 2

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

13031074314

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
6/4/13

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Overnight Delivery Service (Specify): Shipping Date  
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Other (Specify): Date of Receipt or Postmarked

  
PREPARER  
(3/2005)

6/10/13  
DATE PREPARED

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