

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

M M / D D / Y Y Y Y

/

/

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2018

through

M M / D D / Y Y Y Y

03 / 31 / 2018

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

Signature of Treasurer

Jacobs, Catherine, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2018

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	43597.00	43897.00
(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)).....	43597.00	43897.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29406.52	29406.52
(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)).....	29406.52	29406.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	96250.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	427000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39700.00	39800.00
(ii) Unitemized.....	3447.00	3647.00
(iii) TOTAL of contributions from individuals ▶	43147.00	43447.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	450.00	450.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	43597.00	43897.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	65000.00	65000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	65000.00	65000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	108597.00	108897.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29406.52	29406.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	13000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	13000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29406.52	42406.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17060.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	108597.00
25. SUBTOTAL (add Line 23 and Line 24).....	125657.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29406.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	96250.97

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 5 OF 29	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 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)
Ault, Kenneth, , ,

Mailing Address 65 Miller Drive

City Indiana	State PA	Zip Code 15701
-----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 500.00

Date of Receipt
 / / 01 / 15 / 2018

Transaction ID : SA11AI.4885

Amount of Each Receipt this Period
 , , 500.00

Memo Item
CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Ault, Kenneth, , ,

Mailing Address 65 Miller Drive

City Indiana	State PA	Zip Code 15701
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 600.00

Date of Receipt
 / / 03 / 02 / 2018

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period
 , , 100.00

Memo Item
CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ault, Kenneth, , ,

Mailing Address 65 Miller Drive

City Indiana	State PA	Zip Code 15701
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 700.00

Date of Receipt
 / / 03 / 26 / 2018

Transaction ID : SA11AI.4874

Amount of Each Receipt this Period
 , , 100.00

Memo Item
CC CONTRIBUTION

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

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

, , 700.00

, ,

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

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

FOR LINE NUMBER: PAGE 6 OF 29
(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)
BAER, DAVID, , Dr.,

Mailing Address 282 COVE LANE

City BEDFORD State PA Zip Code 15522

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

Name of Employer NA Occupation NA

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2018

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period
2700.00

Memo Item
CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAER, LESLEY, , ,

Mailing Address 282 COVE LANE

City BEDFORD State PA Zip Code 15522

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

Name of Employer N/A Occupation N/A

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2018

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period
2700.00

Memo Item
CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BEEGLE, DARREL, , ,

Mailing Address 799 OTT TOWN ROAD

City EVERETT State PA Zip Code 15537

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2018

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period
500.00

Memo Item
CHECK CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 29	
	<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)
BITTNER, JOHN, , ,

Mailing Address 470 FORBES ROAD

City BEDFORD	State PA	Zip Code 15522
-----------------	-------------	-------------------

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

Name of Employer SELF	Occupation BUSINESSMAN
--------------------------	---------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2018

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period
1000.00

Memo Item
CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Braendel, Douglas, A., ,

Mailing Address 1084 Grand View Ave

City Everett	State PA	Zip Code 15537
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2018

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period
1000.00

Memo Item
CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Braendel, Douglas, A., ,

Mailing Address 1084 Grand View Ave

City Everett	State PA	Zip Code 15537
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2018

Transaction ID : SA11AI.4873

Amount of Each Receipt this Period
100.00

Memo Item
CC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 29
(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)
BROWNLEE, DEBRA, , ,

Mailing Address 2641 HAZEN RICHARDSVILLE ROAD

City: BROOKVILLE State: PA Zip Code: 15825

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: N/A

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt: 03 / 06 / 2018

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period: 250.00

Memo Item
CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BURNS, JAMES, , ,

Mailing Address 1226 WINDMILL DRIVE

City: MERIDIAN State: MS Zip Code: 39305

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: PILOT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt: 02 / 28 / 2018

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period: 400.00

Memo Item
CC CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHAMBERS, CYNTHIA, , ,

Mailing Address 325 MILLER ROAD

City: SMICKSBURG State: PA Zip Code: 16256

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: REAL ESTATE

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt: 03 / 05 / 2018

Transaction ID : SA11AI.4946

Amount of Each Receipt this Period: 1000.00

Memo Item
CHECK CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1650.00

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 9 OF 29
(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)
Chambers, Tim, , ,
 Mailing Address 325 Miller Rd
 City Smicksburg State PA Zip Code 16256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation NA
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2018
Transaction ID : SA11AI.4954
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CRANDALL, DAVID, , ,
 Mailing Address 3252 GLADE PIKE
 City MANN'S CHOICE State PA Zip Code 15550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : SA11AI.4911
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DETWILER, ALLEN, , ,
 Mailing Address 880 GOLDEN RULE DRIVE
 City NEW ENTERPRISE State PA Zip Code 16664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2018
Transaction ID : SA11AI.4921
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CHECK CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 29	
	<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)
EFIRD, JAY, , ,

Mailing Address 860 CRAIGMONT LANE NW

City CONCORD	State NC	Zip Code 28027
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FEC ID number of contributing federal political committee. **C**

Name of Employer MODERN WOODMEN	Occupation FINANCIAL SERVICES
------------------------------------	----------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2018

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period
1000.00

Memo Item
CC CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ELLINGSON, CATHY, , ,

Mailing Address 2508 AUDUBON LANE SE

City OWENS CROSSROADS	State AL	Zip Code 35763
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation HOMEMAKER
-------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2018

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period
1500.00

Memo Item
CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FORBES, VICTORIA, , ,

Mailing Address 5129 JANET DRIVE

City VA BEACH	State VA	Zip Code 23464
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2018

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period
250.00

Memo Item
CHECK CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	2750.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 29
(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)
FOSTER, GEORGE, , ,

Mailing Address 709 ALLEGHENY STREET

City: HOLLIDAYSBURG State: PA Zip Code: 16648

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt: 03 / 02 / 2018

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period: 250.00

Memo Item
CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREAR, EDWARD K., , ,

Mailing Address PO BOX 619

City: BEDFORD State: PA Zip Code: 15522

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt: 02 / 23 / 2018

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period: 2700.00

Memo Item
CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FREAR, MARY LEE, , ,

Mailing Address PO BOX 619

City: BEDFORD State: PA Zip Code: 15522

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt: 02 / 23 / 2018

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period: 2700.00

Memo Item
CHECK CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5650.00

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 12 OF 29
(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, CAROLYN, , ,
 Mailing Address 1634 500TH STREET
 City: BUFFALO CENTER State: IA Zip Code: 50424
 FEC ID number of contributing federal political committee: C
 Name of Employer: N/A Occupation: N/A
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 01 / 2018
Transaction ID : SA11AI.4891
 Amount of Each Receipt this Period: 500.00
 Memo Item
 CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HALVORSON, PHILIP H., , ,
 Mailing Address 57 CENTERLINE ROAD
 City: PRESQUE ISLE State: ME Zip Code: 04769
 FEC ID number of contributing federal political committee: C
 Name of Employer: SELF EMPLOYED Occupation: COMMERCIAL DEVELOPER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 2000.00

Date of Receipt: 01 / 22 / 2018
Transaction ID : SA11AI.4898
 Amount of Each Receipt this Period: 2000.00
 Memo Item
 CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOGAN, RANDY, , ,
 Mailing Address 15491 ESTANCIA LANE
 City: WELLINGTON State: FL Zip Code: 33414
 FEC ID number of contributing federal political committee: C
 Name of Employer: PENTAIR Occupation: EXECUTIVE
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 2600.00

Date of Receipt: 02 / 03 / 2018
Transaction ID : SA11AI.4840
 Amount of Each Receipt this Period: 2600.00
 Memo Item
 CC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 5100.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 29	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial)
Krom, Donald, C, ,

Mailing Address 3704 Milligans Cove Road

City Manns Choice	State PA	Zip Code 15550
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation Retired
------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2018

Transaction ID : SA11AI.4853

Amount of Each Receipt this Period
 _____ 2600.00

Memo Item
CC CONTRIBUTION

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2018

Transaction ID : SA11AI.4943

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Livengood, Rose, , ,

Mailing Address 167 Cara Drive

City Bedford	State PA	Zip Code 15522
-----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2018

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CHECK CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	_____ 3100.00
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 14 OF 29
(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)
LUGOVICH, LISA, , ,

Mailing Address 229 N MEADOW LANE

City HARRISBURG State PA Zip Code 17112

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 26 / 2018

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
500.00

Memo Item
CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MAHAFFEY, JAY, , ,

Mailing Address 770 LIVE OAK COURT

City MILLERSVILLE State MD Zip Code 21108

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

Name of Employer NET JETS Occupation PILOT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2018

Transaction ID : SA11AI.4852

Amount of Each Receipt this Period
500.00

Memo Item
CC CONTRIBUTIOON

C. Full Name (Last, First, Middle Initial)
MORGART, J. A., , ,

Mailing Address 187 LEHMAN ROAD

City NEW PARIS State PA Zip Code 15554

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2018

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period
500.00

Memo Item
CHECK CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 15 OF 29
(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)
PARKER, STEPHANIE, , ,

Mailing Address 2913 LYDIA AVENUE

City: BATON ROUGE State: LA Zip Code: 70808

FEC ID number of contributing federal political committee: C

Name of Employer: ENTERGY Occupation: OPERATOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt: 03 / 30 / 2018

Transaction ID : SA11AI.4876

Amount of Each Receipt this Period: 1000.00

Memo Item
CC CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PORTER, RAY, , ,

Mailing Address 32 NORTH PIN OAK

City: BOILING SPRINGS State: PA Zip Code: 17007

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: INVESTOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt: 01 / 06 / 2018

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period: 100.00

Memo Item
CC CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PORTER, RAY, , ,

Mailing Address 32 NORTH PIN OAK

City: BOILING SPRINGS State: PA Zip Code: 17007

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: INVESTOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 01 / 31 / 2018

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period: 100.00

Memo Item
CC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 16 OF 29	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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)
Rooney, Joseph, , ,

Mailing Address 740 Maple Avenue

City Glenside	State PA	Zip Code 19038
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FEC ID number of contributing federal political committee. **C**

Name of Employer Delta Airlines	Occupation Pilot
------------------------------------	---------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2018

Transaction ID : SA11AI.4856

Amount of Each Receipt this Period
 , , 500.00

Memo Item
CC CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SEALY, DAVID, , ,

Mailing Address 309 CLEM ROAD

City GREENWOOD	State SC	Zip Code 29649
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2018

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period
 , , 500.00

Memo Item
CC CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SERVELLO, DAVID, , ,

Mailing Address 1500 HARRISON AVENUE

City ALTOONA	State PA	Zip Code 16602
-----------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2018

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
 , , 250.00

Memo Item
CHECK CONTRIBUTION

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

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

<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> 1250.00
<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 17 OF 29
(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)
SERVELLO, DAVID, , ,
 Mailing Address 1500 HARRISON AVENUE
 City ALTOONA State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2018
Transaction ID : SA11AI.4945
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SERVELLO, DAVID, , ,
 Mailing Address 1500 HARRISON AVENUE
 City ALTOONA State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2018
Transaction ID : SA11AI.4919
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CHECK CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHOEMAKER, WILLIAM, , ,
 Mailing Address 3839 MILLIGANS COVE ROAD
 City MANN'S CHOICE State PA Zip Code 15550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : SA11AI.4915
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CHECK CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 18 OF 29
(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)
SMITH, THOMAS, , ,

Mailing Address 2340 SMITH ROAD

City SHELOCTA State PA Zip Code 15774

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

Name of Employer NA Occupation NA

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 06 / 2018

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period
2500.00

Memo Item
CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SPOEDE, ROBERT W., , ,

Mailing Address 1709 GLADE STREET

City COLLEGE STATION State TX Zip Code 77840

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 08 / 2018

Transaction ID : SA11AI.4883

Amount of Each Receipt this Period
2700.00

Memo Item
CC CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SPOEDE, ROBERT W., , ,

Mailing Address 1709 GLADE STREET

City COLLEGE STATION State TX Zip Code 77840

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 08 / 2018

Transaction ID : SA11AI.4884

Amount of Each Receipt this Period
50.00

Memo Item
CC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 19 OF 29	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
WEHLING, JAMES, , ,

Mailing Address 804 SOUTH JULIANA STREET

City BEDFORD	State PA	Zip Code 15522
-----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2018

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period

Memo Item
CHECK CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WINCK, DWIGHT, , , Jr.

Mailing Address 136 SLIPPERY HOLLOW ROAD

City BREEZEWOOD	State PA	Zip Code 15533
--------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2018

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period

Memo Item
CHECK CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="39700.00"/>

**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 20 OF 29	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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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 P.O. Box 11

City Bedford	State PA	Zip Code 15522
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4PA09056

Name of Employer Self Employed	Occupation Self Employed
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 195.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2018

Transaction ID : SA11D.4962

Amount of Each Receipt this Period
 _____ 195.00

Memo Item
PAYMENT TO BLAIR COUNTY REPUBLICAN COMMITTEE DINNER

B. Full Name (Last, First, Middle Initial)
Halvorson, Arthur, L., ,

Mailing Address P.O. Box 11

City Bedford	State PA	Zip Code 15522
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4PA09056

Name of Employer Self Employed	Occupation Self Employed
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 65325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2018

Transaction ID : SA11D.4963

Amount of Each Receipt this Period
 _____ 130.00

Memo Item
RUSTIC LODGE DEPOSIT

C. Full Name (Last, First, Middle Initial)
Halvorson, Arthur, L., ,

Mailing Address P.O. Box 11

City Bedford	State PA	Zip Code 15522
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4PA09056

Name of Employer Self Employed	Occupation Self Employed
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 65450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2018

Transaction ID : SA11D.4964

Amount of Each Receipt this Period
 _____ 125.00

Memo Item
HUNTINGDON REPUBLICAN COMMITTEE

SUBTOTAL of Receipts This Page (optional).....▶	_____ 450.00
TOTAL This Period (last page this line number only).....▶	_____ 450.00

**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 21 OF 29
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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 P.O. Box 11

City Bedford	State PA	Zip Code 15522
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4PA09056

Name of Employer Self Employed	Occupation Self Employed
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
30195.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2018

Transaction ID : SA13A.4881

Amount of Each Receipt this Period
30000.00

Memo Item
LOAN FOR PRIMARY CAMPAIGN

B. Full Name (Last, First, Middle Initial)
Halvorson, Arthur, L., ,

Mailing Address P.O. Box 11

City Bedford	State PA	Zip Code 15522
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4PA09056

Name of Employer Self Employed	Occupation Self Employed
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
65195.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2018

Transaction ID : SA13A.4882

Amount of Each Receipt this Period
35000.00

Memo Item
LOAN TO COMMITTEE FROM CANDIDATE

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

SUBTOTAL of Receipts This Page (optional).....▶	65000.00
TOTAL This Period (last page this line number only).....▶	65000.00

**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 22 OF 29	
	<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) A. Lamar Advertising		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2018
Mailing Address PO Box 96030		FEC Identification Number C C00545681
City Baton Rouge	State LA	Zip Code 70896
Purpose of Disbursement BILLBOARD ADVERT	Category/Type 004	
Candidate Name Taxpayers for Art Halvorson Committee		Amount of Each Disbursement this Period 5620.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4959
State: PA District: 09	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LATKER, RICHARD, , ,		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2018
Mailing Address 703 ALLEGHENY STREET		FEC Identification Number C C00545681
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement CAMPAIGN WORKER	Category/Type 001	
Candidate Name Taxpayers for Art Halvorson Committee		Amount of Each Disbursement this Period 4600.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4958
State: PA District: 09	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LATKER, RICHARD, , ,		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address 703 ALLEGHENY STREET		FEC Identification Number C C00545681
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement CANPAIGN WORKER	Category/Type 001	
Candidate Name Taxpayers for Art Halvorson Committee		Amount of Each Disbursement this Period 5194.56
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4958
State: PA District: 09	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	15414.56
TOTAL 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 23 OF 29	
	<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) A. LATKER, RICHARD, , ,			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2018	
Mailing Address 703 ALLEGHENY STREET			FEC Identification Number C C00545681	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 850.00	
Purpose of Disbursement JOSH PAY		Category/ Type 001	Transaction ID : SB17.4960	
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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 09				

Full Name (Last, First, Middle Initial) B. Sterns, Joseph, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2018	
Mailing Address 203 Chestnut Ridge Drive			FEC Identification Number C C00545681	
City Orwigsburg	State PA	Zip Code 17962	Amount of Each Disbursement this Period 4600.00	
Purpose of Disbursement CONSULTING		Category/ Type 001	Transaction ID : SB17.4955	
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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 09				

Full Name (Last, First, Middle Initial) c. Sterns, Joseph, , ,			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 203 Chestnut Ridge Drive			FEC Identification Number C C00545681	
City Orwigsburg	State PA	Zip Code 17962	Amount of Each Disbursement this Period 8541.96	
Purpose of Disbursement CONSULTING		Category/ Type 001	Transaction ID : SB17.4957	
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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 09				

SUBTOTAL of Disbursements This Page (optional).....▶	13991.96
TOTAL This Period (last page this line number only).....▶	29406.52

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE 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
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TERMS	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
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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:

SUBTOTALS This Period This Page (optional).....▶	87000.00
TOTALS 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

LOAN SOURCE 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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TERMS	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:

SUBTOTALS This Period This Page (optional).....▶	75000.00
TOTALS 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

LOAN SOURCE 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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TERMS	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:

SUBTOTALS This Period This Page (optional).....▶	110000.00
TOTALS 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

LOAN SOURCE 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 90000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 90000.00
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TERMS	Date Incurred M 04 / D 01 / 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:

SUBTOTALS This Period This Page (optional).....▶	90000.00
TOTALS 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/10.4881**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) Halvorson, Arthur, L., ,		<input type="checkbox"/> Memo Item	Election: 2018 <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 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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TERMS	Date Incurred M 01 / D 08 / Y 2018	Date Due M M / D D / Y 12/31/2018	Interest Rate (If none, enter 0) 5.00 % (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:

SUBTOTALS This Period This Page (optional).....▶	30000.00
TOTALS 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/10.4882**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) Halvorson, Arthur, L., ,		<input type="checkbox"/> Memo Item	Election: 2018 <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 35000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 35000.00
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TERMS	Date Incurred M 01 / D 31 / Y 2018	Date Due M M / D D / Y 12/31/2018	Interest Rate (If none, enter 0) 5.00 % (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:

SUBTOTALS This Period This Page (optional).....▶	35000.00
TOTALS This Period (last page in this line only).....▶	427000.00

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