

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

X

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 MM/DD/YYYY in the State of

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

- X General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of PA

5. Covering Period

MM/DD/YYYY 10/20/2016

through

MM/DD/YYYY 11/28/2016

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

Jacobs, Catherine, , ,

Type or Print Name of Treasurer

Jacobs, Catherine, , ,

Signature of Treasurer

[Electronically Filed]

Date

MM/DD/YYYY 12/08/2016

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))....	14687.41	73217.41
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14687.41	73217.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4620.92	218409.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4620.92	218409.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	139569.37	
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).....	362000.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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

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

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2016"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2016"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2016"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="6742.41"/>	<input type="text" value="63642.41"/>
(ii) Unitemized	<input type="text" value="2945.00"/>	<input type="text" value="4575.00"/>
(iii) Total of contributions from individuals	<input type="text" value="9687.41"/>	<input type="text" value="68217.41"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 25

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
5000.00	5000.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
14687.41	73217.41	100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	200000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	200000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
14687.41	273217.41	100.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 25

Write or Type Committee Name

Taxpayers for Art Halvorson Committee

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

II. DISBURSEMENTS

	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)
17. OPERATING EXPENDITURES	<input type="text" value="4620.92"/>	<input type="text" value="218409.45"/>	<input type="text" value="0.00"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="13000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="13000.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="13000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="13000.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 25

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

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

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

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

21. OTHER DISBURSEMENTS

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

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

17620.92	218409.45	13000.00
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

14687.41	73217.41	100.00
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IV. NET OPERATING EXPENDITURES

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

4620.92	218409.45	0.00
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	142502.88
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	14687.41
25. SUBTOTAL (add Line 23 and Line 24).....	157190.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17620.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	139569.37

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

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

FOR LINE NUMBER: PAGE 7 OF 25
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

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

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

Mailing Address 1500 PHILADELPHIA AVENUE

City CHAMBERSBURG State PA Zip Code 17201

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

Name of Employer N/A Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

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

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period
500.00

Memo Item
Donation by Check

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

Mailing Address PO Box 235

City North Marshfield State MA Zip Code 02059

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

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

Transaction ID : SA11AI.4550

Amount of Each Receipt this Period
2600.00

Memo Item
Credit Card

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

Mailing Address 31 Rudolph Road

City Marion Center State PA Zip Code 15759

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

Name of Employer NA Occupation NA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2016

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
500.00

Memo Item
CC

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

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

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

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

FOR LINE NUMBER: PAGE 8 OF 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Jacobs, Shannon, , ,
 Mailing Address 607 Hammer Street
 City Bedford State PA Zip Code 15522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Restraunteur
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2016
Transaction ID : SA11AI.4542
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CC

B. Full Name (Last, First, Middle Initial)
LEACH, GARRY, , ,
 Mailing Address 532 PFEIFFER ROAD
 City MARION CENTER State PA Zip Code 15759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 678.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.4608
 Amount of Each Receipt this Period
 38.99
 Memo Item
 In-kind - Printed Tri-Fold Brochures

C. Full Name (Last, First, Middle Initial)
LEACH, GARRY, , ,
 Mailing Address 532 PFEIFFER ROAD
 City MARION CENTER State PA Zip Code 15759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1058.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : SA11AI.4600
 Amount of Each Receipt this Period
 379.50
 Memo Item
 Ad in Tribune Democrat

SUBTOTAL of Receipts This Page (optional)..... ▶ 918.49
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
LEACH, GARRY, , ,
 Mailing Address 532 PFEIFFER ROAD

City MARION CENTER	State PA	Zip Code 15759
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1117.85

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

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period
 59.36

Memo Item
 In-kind - Name Tags for Poll Workers

B. Full Name (Last, First, Middle Initial)
LEACH, GARRY, , ,
 Mailing Address 532 PFEIFFER ROAD

City MARION CENTER	State PA	Zip Code 15759
-----------------------	-------------	-------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1417.85

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

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period
 300.00

Memo Item
 Fr Ad on Indiana Co Radio

C. Full Name (Last, First, Middle Initial)
LEACH, PATRICIA, , ,
 Mailing Address 532 PFEIFFER ROAD

City MARION CENTER	State PA	Zip Code 15759
-----------------------	-------------	-------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2943.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2016

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
 93.28

Memo Item
 In-kind - Tri-Fold Fliers

SUBTOTAL of Receipts This Page (optional)..... ▶	452.64
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 532 PFEIFFER ROAD

City MARION CENTER State PA Zip Code 15759

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3163.78

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

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
220.50

Memo Item
In-kind - Ad in Gazette in Indiana

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

Mailing Address 532 PFEIFFER ROAD

City MARION CENTER State PA Zip Code 15759

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3388.78

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

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
225.00

Memo Item
In-kind - Derain the Swamp Ad

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

Mailing Address 532 PFEIFFER ROAD

City MARION CENTER State PA Zip Code 15759

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3510.68

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

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
121.90

Memo Item
In-kind - Printing Poll Cards

SUBTOTAL of Receipts This Page (optional)..... ▶ 567.40

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

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

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

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

Mailing Address 532 PFEIFFER ROAD

City MARION CENTER State PA Zip Code 15759

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3764.56

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

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period
 97.26

Memo Item
 In-kind - Printing Copies

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

Mailing Address 532 PFEIFFER ROAD

City MARION CENTER State PA Zip Code 15759

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3667.30

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

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
 60.42

Memo Item
 In-kind - Printing Poll Cards #1

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

Mailing Address 532 PFEIFFER ROAD

City MARION CENTER State PA Zip Code 15759

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3606.88

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

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
 49.56

Memo Item
 In-kind - Printing Poll Cards #2

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 12 OF 25		
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)
LEACH, PATRICIA, , ,

Mailing Address 532 PFEIFFER ROAD

City MARION CENTER	State PA	Zip Code 15759
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3557.32

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

Transaction ID : SA11AI.4617

Amount of Each Receipt this Period
46.64

Memo Item
In-kind - Printing Poll Cards #3

B. Full Name (Last, First, Middle Initial)
Lubold, Joseph, , ,

Mailing Address 989 Rustic Lodge Road

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

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

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period
300.00

Memo Item
Donation by Check

C. Full Name (Last, First, Middle Initial)
Musser, Fred, , ,

Mailing Address 1880 Route 119 HWY N

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

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

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period
400.00

Memo Item
Donation by Check

SUBTOTAL of Receipts This Page (optional)..... ▶	746.64
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 13 OF 25		
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)
Peterson, Glenn, , ,

Mailing Address 452 Snowdon Place

City Danville	State CA	Zip Code 94506
------------------	-------------	-------------------

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

Name of Employer 1971	Occupation Investment Advisor Compliance
--------------------------	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2016

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period
250.00

Memo Item
CC

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 14 OF 25	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" 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 462 Indian Greens Lane

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

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

Name of Employer Self	Occupation Real Estate
--------------------------	---------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID : SA11D.4523

Amount of Each Receipt this Period
5000.00

Memo Item
Cash Contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	838.57
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 16 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Johnstown Tribune Democrat			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016	
Mailing Address PO Box 340			FEC Identification Number C C00545681	
City Johnstown	State PA	Zip Code 15907	Amount of Each Disbursement this Period 379.50	
Purpose of Disbursement Newspaper Ad		Category/ Type 004	Transaction ID : SB17.4637	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 09				

Full Name (Last, First, Middle Initial) B. LEACH, GARRY, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 38.99	
Purpose of Disbursement In-kind - Printed Tri-Fold Brochures		Category/ Type	Transaction ID : SB17.4628	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	477.85
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 17 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. LEACH, PATRICIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 93.28	
Purpose of Disbursement In-kind - Tri-Fold Fliers		Category/Type	Transaction ID : SB17.4626	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. LEACH, PATRICIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 220.50	
Purpose of Disbursement In-kind - Ad in Gazette in Indiana		Category/Type	Transaction ID : SB17.4625	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. LEACH, PATRICIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 225.00	
Purpose of Disbursement In-kind - Derain the Swamp Ad		Category/Type	Transaction ID : SB17.4623	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	538.78
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 18 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. LEACH, PATRICIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 121.90	
Purpose of Disbursement In-kind - Printing Poll Cards		Category/ Type	Transaction ID : SB17.4622	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	218.10
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 19 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. LEACH, PATRICIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2016	
Mailing Address 532 PFEIFFER ROAD			FEC Identification Number C	
City MARION CENTER	State PA	Zip Code 15759	Amount of Each Disbursement this Period 60.42	
Purpose of Disbursement In-kind - Printing Poll Cards #1		Category/ Type	Transaction ID : SB17.4621	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

Full Name (Last, First, Middle Initial) c. Renda Broadcasting			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016	
Mailing Address 900 Parish Street, 4th Floor			FEC Identification Number C C00545681	
City Pittsburgh	State PA	Zip Code 15220	Amount of Each Disbursement this Period 495.00	
Purpose of Disbursement Radio Spots 11/02-07/2016		Category/ Type 004	Transaction ID : SB17.4632	
Candidate Name Taxpayers for Art Halvorson Committee		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 09				

SUBTOTAL of Disbursements This Page (optional).....▶	652.68
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 20 OF 25			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Sterns, Joseph, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016		
Mailing Address 203 Chestnut Ridge Drive			FEC Identification Number C C00545681		
City Orwigsburg	State PA	Zip Code 17962	Amount of Each Disbursement this Period 1574.94		
Purpose of Disbursement Reimburse for Gravis Mkt Invoices X 3		Category/ Type 004	Transaction ID : SB17.4636		
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: PA District: 09					

Full Name (Last, First, Middle Initial) B. WDAD			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016		
Mailing Address 840 Philadelphia Street			FEC Identification Number C C00545681		
City Indiana	State PA	Zip Code 15701	Amount of Each Disbursement this Period 320.00		
Purpose of Disbursement Radio Ads 11/03-08/2016		Category/ Type 004	Transaction ID : SB17.4633		
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: PA District: 09					

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 25	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Halvorson, Arthur, L., ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2016
Mailing Address P.O. Box 11		FEC Identification Number C C00545681
City Bedford	State PA	Zip Code 15522
Purpose of Disbursement Partial Repayment of Loan amount		<input type="checkbox"/> 009
Candidate Name Taxpayers for Art Halvorson Committee		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 09	Amount of Each Disbursement this Period 13000.00	
		Transaction ID : SB19A.4643
		<input type="checkbox"/> Memo Item

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

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

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
--------------------------------------	--	---

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
--------------	---------------------------------------	--------------------------------------	--	---

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
-------------------------------------	------------------------------------	---

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
--------------	---------------------------------------	--------------------------------------	--	---

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).....▶	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.