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PAGE 1 / 10

FEC FORM 3		ND D	T OF I ISBUR	SEMI	ENTS			Office U	se Only
1. NAME OF COMMITTEE (in		YPE OR PR	INT 🔻		le: If typing le lines.	g, type	12FE4M5	5	
Taxpayers for <i>I</i>	Art Halvo	rson Con	nmittee						
ADDRESS (number and	d street)	PO Box 11							
▼ Check if diff									
than previou reported. (A		Bedford					PA	15522	
2. FEC IDENTIFIC	ATION NU	MBER 🔻	CIT	Y 🔺			STATE A		ZIP CODE
C C0054568	1		3. IS TH REPC		r (N)	OR	(A)	DED	STATE ▼ DISTRICT
July 15	ports: Quarterly Re Quarterly Re	eport (Q1)		—	ction Repo mary (12P) nvention (1		General (Special (1		Runoff (12R) in the State of
January	31 Year-End	Report (YE)	(c) 30-Da	y POST -E	ection Rep	ort for the):		
Terminal	tion Report (1	rer)	Elect	Ge ion on	neral (30G)		Runoff (30	DR)	Special (30S) in the State of
5. Covering Period	M M 01	/ D D D 01	/ Y Y Y 2019	Y	through	03	M / D D / 31		Y Y 19
I certify that I have ex		Report and Jacobs, Ca		my knowl	edge and b	oelief it is	true, correct an	d comple	ete.
Type or Print Name of Signature of Treasure	Jacob	s, Catherine, , ,		[Ele	ctronically F	Filed]	Date		5 [/] Y Y Y Y 2019
	alse, erroneo	us, or incom	plete information	n may subje	ect the pers	son signing	this Report to t	he penalt	ties of 52 U.S.C. §30109.
Office Use Only									C FORM 3 vised 05/2016)

6.

7.

(a)

SUMMARY PAGE of Receipts and Disbursements FEC Form 3 (Revised 05/2016) Write or Type Committee Name Taxpayers for Art Halvorson Committee М D D D D 01 2019 03 31 01 Report Covering the Period: From: To: COLUMN A COLUMN B This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 (from Line 17) (b) Total Offsets to Operating 0.00 Expenditures (from Line 14).....

- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))
- 8. Cash on Hand at Close of Reporting Period (from Line 27).....
- 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)
- 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

For further information contact:

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23239.74

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

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

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Image#	2019041	591461	58658
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Г	-		DETAILED SUMMARY PAGE	
		FEC Form 3 (Revised 05/2016)	of Receipts	PAGE 3 / 10
		or Type Committee Name		
_	Гах	payers for Art Halvorson Com	mittee	
R	epor	t Covering the Period: From:	01 / D D / Y Y Y Y 01 01 / 2019 To	: 03 / D D / Y Y Y Y 03 / 31 / 2019
		I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	со	NTRIBUTIONS (other than loans) FROM:		
	(a)	Individuals/Persons Other Than		
	. /	Political Committees		
		(i) Itemized (use Schedule A)	0.00	0.00
		(ii) Unitemized	0.00	0.00
		(iii) TOTAL of contributions	0.00	0.00
		from individuals	, , , , , , , , , , , , , , , , , , , ,	
	(b)	Political Party Committees	0.00	0.00
	(c)	Other Political Committees	0.00	0.00
		(such as PACs)		
	(d)	The Candidate	0.00	0.00
	(e)	TOTAL CONTRIBUTIONS (other than loans)		
		(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	TD			
12.		ANSFERS FROM OTHER THORIZED COMMITTEES	0.00	0.00
			3 3 3	7 7 7
13.	LO/ (a)	ANS: Made or Guaranteed by the		
	(a)	Candidate	0.00	0.00
	<i>.</i>		0.00	0.00
	(b) (c)	All Other Loans TOTAL LOANS	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
	(0)	(add Lines 13(a) and (b))	0.00	0.00
1/				
14.		PENDITURES		
	(Re	funds, Rebates, etc.)	0.00	0.00
15.	OTI	HER RECEIPTS		
		vidends, Interest, etc.)	0.00	0.00
16.		TAL RECEIPTS (add Lines		
	11((Ca	e), 12, 13(c), 14, and 15) rry Total to Line 24, page 4)	0.00	0.00
	•		7 7	7 7

of Disbursements PAGE 4 / 10 FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 0.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 0.00 (add Lines 17, 18, 19(c), 20(d), and 21)

DETAILED SUMMARY PAGE

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	23239.74
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)	23239.74
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	23239.74

CHEDULE C (FEC Form 3)			Use separate schedule			
DANS			for each category of th Detailed Summary Pag			
AME OF COMMITTEE (In Full) axpayers for Art Halvorson Com	mittee		Transact	tion ID : SC/10.4269		
LOAN SOURCE Full Name (Last, First, M Halvorson, Arthur, L., ,	1iddle Initial)		Memo Item	Election: 2014		
Mailing Address P.O. Box 11				Other (specify)		
City Bedford	State PA	ZIP Code 15522	Э	X Personal Funds of the Candidat		
Original Amount of Loan 100000.00	Cumulative Pa	ayment To D	Date Balar 13000.00	nce Outstanding at Close of This Perio 87000.00		
TERMS Date Incurred M06 ^M / P27 ^D / Y Ž013 Y	M M / D C	Date Due	Interest Rate (If none, enter 30/2014 ^Y 0.0	0)		
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source		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:	g 1 1 g 1 1 m 1		
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:			
UBTOTALS This Period This Page (optional)			87000.00		
OTALS This Period (last page in this line or Carry outstanding balance only to LINE 3, S				and to appropriate line of Summore		

•					
CHEDULE C (FEC Form 3) DANS		Use separate sch for each category Detailed Summar	y of the (check only one) X 13a		
AME OF COMMITTEE (In Full) axpayers for Art Halvorson Comm	nittee	Tra	ansaction ID : SC/10.4268		
LOAN SOURCE Full Name (Last, First, Mic Halvorson, Arthur, L., ,	Idle Initial)	Memo	Item Election: 2014 X Primary General		
Mailing Address P.O. Box 11			Other (specify)		
City Bedford	State PA	ZIP Code 15522	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	ment To Date	Balance Outstanding at Close of This Peric		
75000.00		0.00	75000.00		
TERMS Date Incurred	Γ	ate Due Interes (If none	t Rate Secured: , enter 0)		
M04M / D09D / Y Ž014 Y	M M / D D	[/] ^Y 05/Ĭ4/2Ŏ14 ^Y	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) t	o Loan Source	Name of Fundamen			
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:	y		
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City State	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:			
UBTOTALS This Period This Page (optional)			75000.00		

•		-		
SCHEDULE C (FEC Form 3) .OANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) X 13a
AME OF COMMITTEE (In Full)	ommittee		Transac	tion ID : SC/10.4425
LOAN SOURCE Full Name (Last, First Halvorson, Arthur, L., ,	, Middle Initial)		Memo Item	Election: 2016
Mailing Address P.O. Box 11				General Other (specify) ▼
City	State	ZIP Code		
Bedford	PA	15522		X Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Da	ate Bala	nce Outstanding at Close of This Peric
110000.00		7	0.00	110000.00
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter	
^M 03 ^M / ^D 21 ^D / ^Y Ž016 ^Y	M M / D D	/ ^Y 12/ð	1/2Ŏ16 [¥] 0.0	
List All Endorsers or Guarantors (if a	••		lama of Employer	
1. Full Name (Last, First, Middle Initial)		lame of Employer	
Mailing Address		C	Occupation	
City Sta	te ZIP Code		mount Guaranteed Dutstanding:	y 1 y 1 y 1 y 1
2. Full Name (Last, First, Middle Initial)		N	lame of Employer	
Mailing Address		C	Occupation	
City Sta	te ZIP Code		mount Guaranteed Dutstanding:	g 1 1 g 1 1 a 1
3. Full Name (Last, First, Middle Initial)		N	lame of Employer	
Mailing Address		C	Occupation	
City Sta	te ZIP Code	6	Amount Guaranteed Dutstanding:	y 1 1 y 1 1 x 1
4. Full Name (Last, First, Middle Initial)			lame of Employer	
Mailing Address		C	Occupation	
City Sta	te ZIP Code	6	Mount Guaranteed Dutstanding:	y y
UBTOTALS This Period This Page (optio				110000.00

		Γ		PAGE 8 OF 10		
CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	le (check only one) X 13a		
ME OF COMMITTEE (In Full) axpayers for Art Halvorson Com	nmittee		Transact	tion ID : SC/10.4432		
LOAN SOURCE Full Name (Last, First, M Halvorson, Arthur, L., ,	Middle Initial)		Memo Item	Election: 2016		
Mailing Address P.O. Box 11				General Other (specify) ▼		
City	State	ZIP Code		Personal Funds of the Candida		
Bedford	FA	15522				
Original Amount of Loan 90000.00	Cumulative Pa	ayment To Da	ate Balar	nce Outstanding at Close of This Peri 90000.00		
TERMS Date Incurred	[Date Due	Interest Rate			
	M M / D D	⁷ ¹ 12/ð	(If none, enter 1/2016 ^Y 0.C			
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)		N	Name of Employer			
Mailing Address		C	Decupation			
City State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Ν	lame of Employer			
Mailing Address		C	Occupation			
City State	ZIP Code		Amount Guaranteed Dutstanding:	7 7		
3. Full Name (Last, First, Middle Initial)		N	Name of Employer			
Mailing Address		c	Occupation			
City State	ZIP Code	6	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		N	lame of Employer			
Mailing Address		C	Occupation			
City State	ZIP Code	6	mount Guaranteed Dutstanding:	g 1 1 g 1 1 m 1		
JBTOTALS This Period This Page (optiona	l)	I	······ [90000.00		
OTALS This Period (last page in this line o				ard to appropriate line of Summary		

CHEDULE C (FEC Form 3)			Use separate schedule	(s) FOR LINE NUMBER:			
DANS			for each category of th Detailed Summary Pag	ie (check only one) × 13a			
AME OF COMMITTEE (In Full) axpayers for Art Halvorson Com	mittee		Transac	tion ID : SC/10.4881			
LOAN SOURCE Full Name (Last, First, Mi Halvorson, Arthur, L., ,	iddle Initial)		Memo Item	Election: 2018			
Mailing Address P.O. Box 11				General Other (specify) ▼			
City	State	ZIP Code	e	Personal Funds of the Candidat			
Bedford	PA	15522					
Original Amount of Loan 30000.00	Cumulative Pa	ayment To D	Date Bala 0.00	nce Outstanding at Close of This Perio			
TERMS Date Incurred	[Date Due	Interest Rate (If none, enter				
M01 ^M / D08 ^D / Y Ž018 Y	M M / D D	⁷ ¹ 12/3	31/2018 [×] 5.0				
List All Endorsers or Guarantors (if any)	to Loan Source		Name of Freedows				
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount Guaranteed				
City State	ZIP Code			y y			
3. Full Name (Last, First, Middle Initial)	I		Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	7			
4. Full Name (Last, First, Middle Initial)	!		Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 7 1			
UBTOTALS This Period This Page (optional)	· · · · · · · · · · · · · · · · · · ·	I		30000.00			
OTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, Sc							

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page			
AME OF COMMITTEE (Ir Taxpayers for Art F	,	nittee		Transac	tion ID : SC/10.4882	
LOAN SOURCE Full Halvorson, Arthu		ddle Initial)		☐ Memo Item	Election: 2018 x Primary General	
Mailing Address P.O. Box 11					Other (specify)	
City Bedford		State PA	ZIP Code 15522	•	X Personal Funds of the Candidat	
Original Amount of Lo	an 35000.00	Cumulative Pa	ayment To D	ate Bala	nce Outstanding at Close of This Perio 35000.00	
TERMS Date In M01 ^M /	v ž018 v	M M / D D	Date Due	Interest Rate (If none, enter 1/2018 ^Y 5.0	0)	
List All Endorsers or 1. Full Name (Last, Fi		o Loan Source		Name of Employer		
Mailing Address			(Occupation		
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y	
2. Full Name (Last, Fir	st, Middle Initial)		1	Name of Employer		
Mailing Address						
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y y	
3. Full Name (Last, Fir	st, Middle Initial)		1	Name of Employer		
Mailing Address			(Occupation		
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	7	
4. Full Name (Last, Fir	st, Middle Initial)		1	Name of Employer		
Mailing Address			(Occupation		
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	y 1 y 1 y 1	
UBTOTALS This Period	This Page (optional).		I	······	35000.00	
FOTALS This Period (last	page in this line only	y)			427000.00	
					ard to appropriate line of Summary.	