

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

2. **FEC IDENTIFICATION NUMBER**

C C00545681

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Mrs. Catherine F. Jacobs

Signature of Treasurer Mrs. Catherine F. Jacobs

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

TAXPAYERS FOR ART HALVORSON COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

	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))....	13760.00	13760.00
(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))	13760.00	13760.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14280.47	14280.47
(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)).....	14280.47	14280.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	125509.53	
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).....	0.00	

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 12/2003)

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).....	7325.00	7325.00
(ii) Unitemized.....	3935.00	3935.00
(iii) TOTAL of contributions from individuals ▶	11260.00	11260.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13760.00	13760.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	13760.00	13760.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14280.47	14280.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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) ►	14280.47	14280.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	126030.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13760.00
25. SUBTOTAL (add Line 23 and Line 24).....	139790.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14280.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	125509.53

**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 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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. Mr. James Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 1226 Windmill Drive
 City Meridian State MS Zip Code 39305
 FEC ID number of contributing federal political committee. C
 Name of Employer US Navy Occupation Aviator
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 300.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.4224
 Amount of Each Receipt this Period 300.00
 CC

B. Mr. Jim Carr
 Full Name (Last, First, Middle Initial)
 Mailing Address Unknown
 City Topeka State KS Zip Code 66601
 FEC ID number of contributing federal political committee. C
 Name of Employer US Military Occupation Officer
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt 07 / 08 / 2013
Transaction ID : SA11AI.4243
 Amount of Each Receipt this Period 250.00
 Check

C. Mrs. Laurel Carr
 Full Name (Last, First, Middle Initial)
 Mailing Address Unknown
 City Topeka State KS Zip Code 66601
 FEC ID number of contributing federal political committee. C
 Name of Employer N/A Occupation N/A
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt 07 / 08 / 2013
Transaction ID : SA11AI.4245
 Amount of Each Receipt this Period 250.00
 Check

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

800.00

**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 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input 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)
Dr. James Edwards

Mailing Address 801 South Garner Street

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 21 / 2013

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Adam Everly

Mailing Address 836 South Juliana Street

City State Zip Code
Bedford PA 15522

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2013

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
250.00

CC

C. Full Name (Last, First, Middle Initial)
Mrs. Esther E. Galpin

Mailing Address 3935 Chaneyville Road

City State Zip Code
Clearville PA 15535

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

Name of Employer Occupation
Self-Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2013

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period
500.00

Contribution

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

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

1000.00

**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 7 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input 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)
Mr. Erik Halvorson

Mailing Address 6730 Deseo, Apt 246

City Irving State TX Zip Code 75039

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period
 500.00

CC

B. Full Name (Last, First, Middle Initial)
Ms. Kathy S. Hirleman

Mailing Address 5025 West 100th Ter.

City Overland Park State KS Zip Code 66207

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

Name of Employer Overland Park School Occupation Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2013

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
 300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. John Lawson

Mailing Address 5 Turner Avenue

City Cranston State RI Zip Code 02920

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2013

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
 250.00

CC

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

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

1050.00

**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 8 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input 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)
Mr. J. A. Morgart

Mailing Address 187 Lehman Road

City State Zip Code
New Paris PA 15554

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 11 / 2013

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. J. A. Morgart

Mailing Address 187 Lehman Road

City State Zip Code
New Paris PA 15554

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
100.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Steven Nichols

Mailing Address 4500 Milligans Cove Road

City State Zip Code
Manns Choice PA 15550

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2013

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period
500.00

CC

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

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

1100.00

**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 9 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input 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)
Mr. Robert W. Spoede

Mailing Address 1709 Glade Street

City State Zip Code
College Station TX 77840

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period
1600.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Robert W. Spoede

Mailing Address 1709 Glade Street

City State Zip Code
College Station TX 77840

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1625.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 24 / 2013

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
25.00

Check

C. Full Name (Last, First, Middle Initial)
Ms. Jessica Ward

Mailing Address 285 West Davies Avenue South

City State Zip Code
Littleton CO 80120

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 03 / 2013

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period
500.00

CC

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

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

2125.00

**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 10 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input 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)
Mr. Eugene R. Wiseman

Mailing Address 171 Sunnybrook Drive

City North Kingstown State RI Zip Code 02852

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2013

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mrs. Susan P. Wort

Mailing Address 7 Fox Run

City Califon State NJ Zip Code 07830-3336

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2013

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
1000.00

Check

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

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

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

1250.00

7325.00

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 11 OF 14	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)
MADISON PROJECT INC.

Mailing Address **PO BOX 15179**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00298000**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 02 / 2013

Transaction ID : SA11C.4105

Amount of Each Receipt this Period
 _____ **2500.00**
 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

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

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

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

_____ **2500.00**

_____ **2500.00**

**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 12 OF 14			
	<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. Mr. Matt Derian		Date of Disbursement MM / DD / YYYY 07 / 08 / 2013
Mailing Address 1116Hidden Ridge		Amount of Each Disbursement this Period 3543.00 Transaction ID : SB17.4295
City Irving State TX Zip Code 75038	Purpose of Disbursement June Fee Category/Type 001	
Candidate Name TAXPAYERS FOR ART HALVORSON COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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. Mr. Matt Derian		Date of Disbursement MM / DD / YYYY 08 / 07 / 2013
Mailing Address 1116Hidden Ridge		Amount of Each Disbursement this Period 6593.95 Transaction ID : SB17.4099
City Irving State TX Zip Code 75038	Purpose of Disbursement Consultant Fee Category/Type 001	
Candidate Name TAXPAYERS FOR ART HALVORSON COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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. Mr. Matt Derian		Date of Disbursement MM / DD / YYYY 09 / 09 / 2013
Mailing Address 1116Hidden Ridge		Amount of Each Disbursement this Period 2711.27 Transaction ID : SB17.4102
City Irving State TX Zip Code 75038	Purpose of Disbursement Consultant Fee Category/Type 001	
Candidate Name TAXPAYERS FOR ART HALVORSON COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	12848.22
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 13 OF 14			
	<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. Mr. Brian Livingston			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2013		
Mailing Address 462 Indian Spring Lane			Amount of Each Disbursement this Period 533.33		
City Manns Choice	State PA	Zip Code 15550	Transaction ID : SB17.4100		
Purpose of Disbursement Consultant Fee		001 Category/ Type			
Candidate Name TAXPAYERS FOR ART HALVORSON COMMITTEE					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. Click & Pledge Transfirst LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013		
Mailing Address 12202 Airport Way			Amount of Each Disbursement this Period 204.08		
City Brrromfield	State CO	Zip Code 80021	Transaction ID : SB17.4237		
Purpose of Disbursement Contribution Fee		003 Category/ Type			
Candidate Name TAXPAYERS FOR ART HALVORSON COMMITTEE					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. Click & Pledge Transfirst LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013		
Mailing Address 12202 Airport Way			Amount of Each Disbursement this Period 353.95		
City Brrromfield	State CO	Zip Code 80021	Transaction ID : SB17.4232		
Purpose of Disbursement Contribution Fee		003 Category/ Type			
Candidate Name TAXPAYERS FOR ART HALVORSON COMMITTEE					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: PA	District: 09				

SUBTOTAL of Disbursements This Page (optional).....	1091.36
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 14 OF 14	
	<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. Click & Pledge Transfirst LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 12202 Airport Way		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4234
City Brromfield State CO Zip Code 80021	Purpose of Disbursement Contribution Fee 003 Category/Type	
Candidate Name TAXPAYERS FOR ART HALVORSON COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
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).....	20.00
TOTAL This Period (last page this line number only).....	13959.58