

# 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) ▼

P.O. 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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Catherine F. Jacobs

Signature of Treasurer Catherine F. Jacobs

[Electronically Filed]

Date

/  /

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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	30145.00	30145.00
(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)).....	30145.00	30145.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	4115.00	4115.00
(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)).....	4115.00	4115.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	126030.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	100000.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26450.00	26450.00
(ii) Unitemized.....	3695.00	3695.00
(iii) TOTAL of contributions from individuals ▶	30145.00	30145.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30145.00	30145.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	100000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000.00	100000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	130145.00	130145.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4115.00	4115.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4115.00	4115.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	130145.00
25. SUBTOTAL (add Line 23 and Line 24).....	130145.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4115.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	126030.00

**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 5 OF 13
	<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.** Full Name (Last, First, Middle Initial)  
**JOHN BOUDREAU**

Mailing Address **34 MARDEN STREET**

City **CRANSTON** State **RI** Zip Code **02910**

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

Name of Employer **ASTONISH** Occupation **COO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2013**

**Transaction ID : SA11AI.4113**

Amount of Each Receipt this Period  
**2600.00**

**CREDIT CARD DONATION**

**B.** Full Name (Last, First, Middle Initial)  
**FRED BRYAN**

Mailing Address **4504 MILLIGANS COVE ROAD**

City **MANNS CHOICE** State **PA** Zip Code **15550**

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

Name of Employer **WHITE SULPHUR SPRINGS** Occupation **FACILITIES DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2013**

**Transaction ID : SA11AI.4115**

Amount of Each Receipt this Period  
**2600.00**

**CREDIT CARD CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**LEE BRYAN**

Mailing Address **4504 MILLIGANS COVE ROAD**

City **MANNS CHOICE** State **PA** Zip Code **15550**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : SA11AI.4134**

Amount of Each Receipt this Period  
**250.00**

**CREDIT CARD DONATION**

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

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

**5450.00**

**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 13
	<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)  
**ROBERT DURFEY**

Mailing Address **PO BOX 235**

City **NORTH MANSFIELD** State **MA** Zip Code **02059**

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

Name of Employer **INDEPENDENT CONTRACTOR** Occupation **EXECUTIVE COACH**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2013**

**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period  
**1000.00**

**CREDIT CARD DONATION**

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

Mailing Address **PO BOX 619**

City **BEDFORD** State **PA** Zip Code **15522**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.4387**

Amount of Each Receipt this Period  
**500.00**

**DONATION BY CHECK**

**C.** Full Name (Last, First, Middle Initial)  
**NATHANIEL HALE**

Mailing Address **15017 ADELMAN RUN COURT**

City **WOODBIDGE** State **VA** Zip Code **22193**

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

Name of Employer **DEFENSE LOGISTICS AGENCY** Occupation **TRANSPORTATION SPECIALIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period  
**250.00**

**CREDIT CARD DONATION**

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

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

**1750.00**

**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 13
	<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)  
**ANDREW HALVORSON**

Mailing Address **17 NEW LONDON ROAD**

City **MYSTIC** State **CT** Zip Code **06355**

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

Name of Employer **US COST GUARD** Occupation **MILITARY OFFICER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period  
**500.00**

**CREDIT CARD DONATION**

**B.** Full Name (Last, First, Middle Initial)  
**BARBARA HALVORSON**

Mailing Address **57 CENTERLINE ROAD**

City **PRESQUE ISLE** State **ME** Zip Code **04769**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.4385**

Amount of Each Receipt this Period  
**2600.00**

**DONATION BY CHECK**

**C.** Full Name (Last, First, Middle Initial)  
**HARRIS HALVORSON**

Mailing Address **185 SUNNYBROOK DRIVE**

City **NORTH KINGSTON** State **RI** Zip Code **02852**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.4378**

Amount of Each Receipt this Period  
**2000.00**

**DONATION BY CHECK**

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

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

**5100.00**

**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 13
	<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)  
**KATHERINE HALVORSON**

Mailing Address 1115 FAIRMONT STREET NW

City State Zip Code  
WASHINGTON DC 20009

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

Name of Employer Occupation  
US DEPARTMENT OF STATE POLITICAL OFFICER, FOREIGN SERVICE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : SA11AI.4117**

Amount of Each Receipt this Period  
2600.00

CREDIT CARD DONATION

**B.** Full Name (Last, First, Middle Initial)  
**MABEL HALVORSON**

Mailing Address 185 SUNNYBROOK DRIVE

City State Zip Code  
NORTH KINGSTOWN RI 02852

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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4380**

Amount of Each Receipt this Period  
2000.00

DONATION BY CHECK

**C.** Full Name (Last, First, Middle Initial)  
**MEGAN HALVORSON**

Mailing Address 17 NEW LONDON ROAD

City State Zip Code  
MYSTIC CT 06355

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

Name of Employer Occupation  
N/A MOM

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  
 06 / 19 / 2013

**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
500.00

CREDIT CARD DONATION

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

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

5100.00



**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 13
	<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)  
**PHILIP H. HALVORSON**

Mailing Address 57 CENTERLINE ROAD

City PRESQUE ISLE State ME Zip Code 04769

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

Name of Employer SELF EMPLOYED Occupation COMMERCIAL DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4382**

Amount of Each Receipt this Period  
2600.00

DONATION BY CHECK

**B.** Full Name (Last, First, Middle Initial)  
**PHILIP H. HALVORSON**

Mailing Address 57 CENTERLINE ROAD

City PRESQUE ISLE State ME Zip Code 04769

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

Name of Employer SELF EMPLOYED Occupation COMMERCIAL DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4384**

Amount of Each Receipt this Period  
2600.00

DONATION BY CHECK

**C.** Full Name (Last, First, Middle Initial)  
**KARL POLLINGUE**

Mailing Address PO BOX 1396

City SAINT FRANCISVILLE State LA Zip Code 70775

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

Name of Employer ENTERGY Occupation EQUIPMENT OPERATOR

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  
 06 / 30 / 2013

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  
250.00

CREDIT CARD DONATION

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

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

5450.00

**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 13
	<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)  
**ROBERT W. SPOEDE**

Mailing Address **462 INDIAN GREENS LANE**

City **MANNS CHOICE** State **PA** Zip Code **15550**

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

Name of Employer **N/A** 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  
**06 / 28 / 2013**

**Transaction ID : SA11AI.4391**

Amount of Each Receipt this Period  
**1000.00**

**DONATION BY CHECK**

**B.** Full Name (Last, First, Middle Initial)  
**BETSEY TEUTON**

Mailing Address **10 1/2 MARGUY STREET**

City **QUAKER HILL** State **CT** Zip Code **06375**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 08 / 2013**

**Transaction ID : SA11AI.4122**

Amount of Each Receipt this Period  
**1300.00**

**CREDIT CARD DONATION**

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE TEUTON**

Mailing Address **10 1/2 MARGUY STREET**

City **QUAKER HILL** State **CT** Zip Code **06375**

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

Name of Employer **OFFICERS CHRISTIAN FELLOWSHIP** Occupation **MINISTER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

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

**Transaction ID : SA11AI.4120**

Amount of Each Receipt this Period  
**1300.00**

**CREDIT CARD DONATION**

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

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

**3600.00**

**26450.00**

**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)  
 11a 12  11b 13a  11c 13b  11d 14  11e 15  
 PAGE 11 OF 13

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

**A.** Full Name (Last, First, Middle Initial)  
**Arthur Halvorson**

Mailing Address **PO BOX 11**

City **BEDFORD** State **PA** Zip Code **15522**

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

Name of Employer **SELF EMPLOYED** Occupation **COMMERCIAL DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100000.00**

Date of Receipt  
**06 / 27 / 2013**

**Transaction ID : SA13A.4390**

Amount of Each Receipt this Period  
**100000.00**

**LOAN TO ART HALVORSON FOR CONGRESS COMM.**

**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

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

Amount of Each Receipt this Period

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

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

**100000.00**

**100000.00**

**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 13			
	<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) <b>A. Matthew A. Derian</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period 3543.00
City Manns Choice	State PA	
Zip Code 15550	Purpose of Disbursement CAMPAIGN MANAGER FEE	Transaction ID : SB17.4366
Candidate Name Taxpayers for Art Halvorson Committee	Category/ Type 001	
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>B. Arthur Halvorson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2013
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 322.00
City BEDFORD	State PA	
Zip Code 15522	Purpose of Disbursement WEBSITE STARTUP COSTS	Transaction ID : SB17.4406
Candidate Name Taxpayers for Art Halvorson Committee	Category/ Type 004	
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>c. Arthur Halvorson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 462 INDIAN GREENS LANE		Amount of Each Disbursement this Period 250.00
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement TRAVEL COSTS (GASOLINE)	Transaction ID : SB17.4407
Candidate Name Taxpayers for Art Halvorson Committee	Category/ Type 002	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4115.00
<b>TOTAL</b> This Period (last page this line number only).....	4115.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4390**  
**Taxpayers for Art Halvorson Committee**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Arthur Halvorson</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 11		

City	State	ZIP Code
BEDFORD	PA	15522

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 27 / Y 2013	M / D / Y 05/30/2014			0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	100000.00

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