Image#	2018071	5911	5698721

PAGE 1 / 15

FEC FORM 3	AND	_	RECEIPT SEMENT	_		Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR full)	PRINT V	Example: If typ over the lines.	ing, type	12FE4M5	
Taxpayers for	Art Halvorson C					
ADDRESS (number an	d street)	11				
Check if difter than previou	Isly Bedford			1	PA	15522
2. FEC IDENTIFIC	CC) L⊥⊥⊥	, Cľ	TY A		STATE	ZIP CODE
C C0054568		3. IS T REF	PORT NE		AMEND (A)	ED STATE ▼ DISTRICT
(a) Quarterly Re April 15 July 15 October January	PORT (Choose One) eports: Quarterly Report (Q1) Quarterly Report (Q2) 15 Quarterly Report (31 Year-End Report (tion Report (TER)	Q3) Elec (E) (c) 30-D	Pay PRE-Election Re Primary (12 Convention of Convention Pay POST-Election R General (30 ction on	P) (12C) / D D / eport for the:	General (1 Special (12 Y Y Y Y Runoff (30	2S) in the State of
5. Covering Period	M M / D 04 / 2	6 [/] Y Y Y 2018		м м 06	/ D D / 30	Y Y Y Y 2018
I certify that I have e. Type or Print Name of	Jacobs	and to the best o , Catherine, , ,	of my knowledge and	d belief it is ti	rue, correct and	l complete.
Signature of Treasure	Jacobs, Catherin	e, , ,	[Electronical]	y Filed]	Date	/ D D / Y Y Y Y 15 / 2018
NOTE: Submission of	false, erroneous, or inc	omplete information	on may subject the p	erson signing	this Report to th	e penalties of 52 U.S.C. §30109
Use						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements PAGE 2 / 15 FEC Form 3 (Revised 05/2016) Write or Type Committee Name Taxpayers for Art Halvorson Committee М D D D D ž018 04 2018 06 30 26 Report Covering the Period: From: To: COLUMN A COLUMN B This Period **Election Cycle-to-Date** 6. Net Contributions (other than loans) **Total Contributions** (a) 9730.00 60132.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 9730.00 60132.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 88393.26 118752.75 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 88393.26 118752.75 (subtract Line 7(b) from Line 7(a)) 8. Cash on Hand at Close of 23139.74 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 427000.00 Schedule C and/or Schedule D)

For further information contact:

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

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

Image#	201807	1591156	98723
--------	--------	---------	-------

DE	ETAILED SUMMARY PAGE of Receipts	
FEC Form 3 (Revised 05/2016)	of neceipts	PAGE 3 / 15
Write or Type Committee Name		
Taxpayers for Art Halvorson Commi	littee	
Report Covering the Period: From: 04	1 / D D / Y Y Y Y 26 2018 To:	M M / D D / Y Y Y Y 06 30 2018
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	8000.00	5 4000 00
(i) Itemized (use Schedule A)	8900.00	54200.00
(ii) Unitemized	830.00	5482.00
(iii) TOTAL of contributions		50000.00
from individuals	9730.00	59682.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) The Candidate	0.00	450.00
(e) TOTAL CONTRIBUTIONS		7 7 7
(other than loans)	9730.00	60422.00
(add Lines 11(a)(iii), (b), (c), and (d))	9730.00	60132.00
12. TRANSFERS FROM OTHER		
AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the		
Candidate	0.00	65000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS		
(add Lines 13(a) and (b))	0.00	65000.00
14. OFFSETS TO OPERATING		
EXPENDITURES		
(Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS		
(Dividends, Interest, etc.)	0.00	7 7 7 *
16. TOTAL RECEIPTS (add Lines		
11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	9730.00	125132.00
		7 7 7

of Disbursements PAGE 4 / 15 FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 88393.26 118752.75 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 13000.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 13000.00 (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 88393.26 131752.75

DETAILED SUMMARY PAGE

(add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		9	101803.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	9730.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		,	111533.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	88393.26
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	23139.74

IT Ar				FOR LINE NUMBER: PAGE 5 OF 15 (check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Ima
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Con		address of any political commit	tee to solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) BONE, SOLANGE, , , Mailing Address 1203A LINCOLN AVENUE				Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.4997
	FALLS CHURCH	VA	17007	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	RETIRED	RETIRED		Memo Item
	Receipt For: 2018	Election Cy	/cle-to-Date ▼	ANEDOT CONTRIBUTION
	✗ Primary General Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) Derian, Matthew, A., ,			Date of Receipt
2.	Mailing Address P.O. Box 11	M M / D D / Y Y Y Y 05 08 2018		
	City Manns Choice	State PA	Zip Code 15550	Transaction ID : SA11AI.5012
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		2700.00
	SELF	OWNER		
	Receipt For: 2018	Election Cy	/cle-to-Date	
	★ Primary General Other (specify) ▼		2700.00	CC CONTRIBUTION
<u> </u>	Full Name (Last, First, Middle Initial) HALVORSON, PHILIP H., , ,			Date of Receipt
	Mailing Address 57 CENTERLINE ROAD			
	City	State	Zip Code	05 17 2018 Transaction ID : SA11AI.5024
	PRESQUE ISLE	ME	04769	Transaction ID : SATTAI.3024
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	SELF EMPLOYED	COMMERC	IAL DEVELOPER	
	Receipt For: 2018	Election Cy	vcle-to-Date ▼	Memo Item CONTRIBUTION
	★ Primary General Other (specify) ▼		4000.00	
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c			4950.00

IT Ar	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	tatements m	Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any	FOR LINE NUMBER: PAGE 6 OF 15 (check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Ima		
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Cor	name and a	ddress of any political committ	ee to solicit contributions from such committee.		
A. Full Name (Last, First, Middle Initial) LAWSON, EILEEN, , , Mailing Address 149 WELLSPRING DRIVE				Date of Receipt		
	City	State	Zip Code	Transaction ID : SA11AI.5019		
	CRANSTON FEC ID number of contributing federal political committee.	RI	02920	Amount of Each Receipt this Period		
	Name of Employer RETIRED	Occupation RETIRED		250.00		
	Receipt For: 2018		vcle-to-Date	Memo Item CONTRIBUTION		
	★ Primary General Other (specify) ▼		250.00			
в.	Full Name (Last, First, Middle Initial) SAXTON, CLIFF, , , Mailing Address 12363 FEDERAL DRIVE			Date of Receipt		
		Chata	Zin Onda	05 17 2018		
	City ST. LOUIS	State MO	Zip Code 63131-3835	Transaction ID : SA11AI.5032		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation		500.00		
	RETIRED Receipt For: 2018	RETIRED	vcle-to-Date	Memo Item		
	✔ Primary General Other (specify) ▼		500.00	CONTRIBUTION		
c.	Full Name (Last, First, Middle Initial) SCHMIT, JOSHUA, , ,			Date of Receipt		
	Mailing Address 7 SOUTH MARKET STREET			05 17 2018		
	City DUNCANNON	State PA	Zip Code 17020	Transaction ID : SA11AI.5030		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer SELF	Occupation OWNER		500.00		
	Receipt For: 2018	Election Cy	vcle-to-Date 500.00	Memo Item CONTRIBUTION		
s	UBTOTAL of Receipts This Page (optional)			1250.00		
	OTAL This Period (last page this line number of					

Т	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 0F 15 (check only one) I1a 11b 11c 11d I1a 11b 11c 11d 11d I2 I3a 13b 14 15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Con	nmittee		
Α.	Full Name (Last, First, Middle Initial) SPOEDE, ROBERT W., , ,			Date of Receipt
	Mailing Address 1709 GLADE STREET			05 17 2018
	City COLLEGE STATION	State TX	Zip Code 77840	Transaction ID : SA11AI.5025
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer N/A	Occupation RETIRED	I	2700.00
	Receipt For: 2018	Election Cy	vcle-to-Date ▼ 5450.00	Memo Item CONTRIBUTION
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	y y y	1
В.	Mailing Address			Date of Receipt
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Election Cy	vcle-to-Date ▼	Memo Item
	Full Name (Last, First, Middle Initial)			
C.	Mailing Address			Date of Receipt
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Election Cy	ycle-to-Date ▼	Memo Item
s	UBTOTAL of Receipts This Page (optional)			▶ 2700.00
	OTAL This Period (last page this line number c			▶ 7 7 8900.00

						FOR LINE NUMBER PAGE 8 OF 15			
SCHEDULE B (FEC Form 3)			Use separate schedule(s)			FOR LINE NUMBER: PAGE 8 OF 15 (check only one)			
IT	EMIZED DISBURSEMENTS		for each category of the Detailed Summary Page			X 17 18 19a 19b			
			Detailed St	ummar	y Page	20a 20b 20c 21			
						person for the purpose of soliciting contributions			
or	for commercial purposes, other than using the na	ame and a	address of an	ny poli	tical commit	tee to solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)								
	Taxpayers for Art Halvorson Com	mittee							
_	Full Name (Last, First, Middle Initial)		_		_	Data of Diskumana d			
Α.	ACE TOMATO PUBLIC RELATIC	NNS NNS				Date of Disbursement			
	Mailing Address 240 PEACHTREE STREET NW					04 26 2018			
	STE 56271								
	City	State	Zip Cod	е		FEC Identification Number			
	ATLANTA	GA	30303						
	Purpose of Disbursement MEDIA ADS				004	C C00545681			
	Candidate Name								
	Taxpayers for Art Halvorson Com	mittee			Category, Type	Amount of Each Disbursement this Period			
		ement For	: 2018	I	-78~	83800.00			
	Senate X	Primary	Ger	neral		Transaction ID : SB17.5005			
	President	Other (s	pecify) ▼			Memo Item			
	State: PA District: 09 Full Name (Last, First, Middle Initial)								
	Jacobs, Catherine, , ,					Dete of Diskurgement			
В.						Date of Disbursement			
	Mailing Address P.O. Box 250								
	City	State	Zip Cod	е		FEC Identification Number			
	Manns Choice Purpose of Disbursement	PA	15550			C C00545691			
	RECORD KEEPING				001	C C00545681			
	Candidate Name				Category	Amount of Each Disbursement this Period			
	Taxpayers for Art Halvorson Com	mittee	tee Type						
		ement For				280.00			
		Primary				Transaction ID : SB17.5043			
	State: PA District: 09		pecify) 🔻			Memo Item			
	Full Name (Last, First, Middle Initial)								
c	JACOBS, SPENCER, , ,					Date of Disbursement			
υ.						M M / D D / Y Y Y			
	Mailing Address 607 HAMMER STREET					05 17 2018			
	City	State	Zip Cod	e					
	BEDFORD	PA	15522			FEC Identification Number			
	Purpose of Disbursement ADVERTISING		I		_	C C00545681			
					004				
	Candidate Name Taxpayers for Art Halvorson Com	mittoo			Category	Amount of Each Disbursement this Period			
		ement For	2018		Туре	800.00			
	Office Sought: X House Disburse	Primary		neral		Transaction ID : SB17.5041			
	President	Other (s				Memo Item			
	State: PA District: 09	J	• 						
	SUBTOTAL of Disburgements This Page (astional)				04000.00			
	SUBTOTAL of Disbursements This Page (optional	,				84880.00			
	TOTAL This Period (last page this line number on	ıly)				···· ▶			
1	· · · -								

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each categor Detailed Summar	/ of the	FOR LINE NUMBER: PAGE 9 OF 15 (check only one) I17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Comm	ime and a			
Α.	Full Name (Last, First, Middle Initial) KIMBELL, JOSH, , , Mailing Address 762 INDIAN GREENS LANE				Date of Disbursement
	City MANNS CHOICE Purpose of Disbursement	State PA	Zip Code 15550		FEC Identification Number
	Candidate Name Taxpayers for Art Halvorson Com		2010	004 Category/ Type	
	State: PA District: 09		E 2018		3513.26 Transaction ID : SB17.5039 Memo Item
В.	Full Name (Last, First, Middle Initial) Mailing Address				Date of Disbursement
	City Purpose of Disbursement	State	Zip Code		FEC Identification Number
	Candidate Name			Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (s	: General pecify) ▼		Memo Item
c.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement			Category/	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (s	General	Туре	Memo Item
	SUBTOTAL of Disbursements This Page (optional)				> 3513.26
,	TOTAL This Period (last page this line number onl	y)			- 88393.26

CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Full) Faxpayers for Art Halvorson Comm	nittee		Transac	tion ID : SC/10.4269		
LOAN SOURCE Full Name (Last, First, Mid Halvorson, Arthur, L., ,	ddle Initial)		🗌 Memo Item	Election: 2014 X Primary General		
Mailing Address P.O. Box 11				Other (specify)		
City Bedford	State PA	ZIP Code 15522	9	X Personal Funds of the Candida		
Original Amount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peri 87000.00		
TERMS Date Incurred M06 ^M / D27 ^D / Y Ž013 Y	м м / D р	Date Due	Interest Rate (If none, enter 30/2014 ^Y 0.0	0)		
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	y y		
2. Full Name (Last, First, Middle Initial)	I		Name of Employer			
Mailing Address		_	Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	y y		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	g 1 g 1 g 1		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	y y		
SUBTOTALS This Period This Page (optional).			H	, , 87000.00		

				PAGE 11 OF 15	
SCHEDULE C (FEC Form 3) LOANS			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) axpayers for Art Halvorson Comn	nittee		Transact	ion ID : SC/10.4268	
LOAN SOURCE Full Name (Last, First, Mic Halvorson, Arthur, L., ,	ddle Initial)		Memo Item	Election: 2014 Primary General	
Mailing Address P.O. Box 11				Other (specify) v	
City Bedford	State PA	ZIP Code 15522		X Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	ment To Date	Balar	nce Outstanding at Close of This Peric	
75000.00			0.00	75000.00	
TERMS Date Incurred		ate Due	Interest Rate (If none, enter 0.0		
^M 04 ^M / ^D 09 ^D / ^Y Ž014 ^Y	M M / D D	⁷ ¹ 05/14/2014 ¹	0.0		
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of	Employer		
Mailing Address		Occupati	on		
City State	ZIP Code	Amount Guarante Outstand		7	
2. Full Name (Last, First, Middle Initial)		Name of	Employer		
Mailing Address		Occupati	on		
City State	ZIP Code	Amount Guarante Outstand		y	
3. Full Name (Last, First, Middle Initial)		Name of	Employer		
Mailing Address		Occupati	on		
City State	ZIP Code	Amount Guarante Outstand		y	
4. Full Name (Last, First, Middle Initial)		Name of	Employer		
Mailing Address		Occupati	on		
City State	ZIP Code	Amount Guarante Outstand		9	
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line only				75000.00	

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page			
NAME OF COMMITTEE (In Ful Taxpayers for Art Halv	,	nittee		I Transact	tion ID : SC/10.4425	
LOAN SOURCE Full Nam Halvorson, Arthur, L		dle Initial)		🗌 Memo Item	Election: 2016 Primary General	
Mailing Address P.O. Box 11					Other (specify)	
City Bedford		State PA	ZIP Code 15522	e	X Personal Funds of the Candidat	
Original Amount of Loan	110000.00	Cumulative Pa	yment To D	Date Balar 0.00	nce Outstanding at Close of This Perio 110000.00	
TERMS Date Incurre M03 ^M / D21 ^D /	2016 Y	M M / D D	Date Due	Interest Rate (If none, enter 01/2016 ^Y 0.0	0)	
List All Endorsers or Gua 1. Full Name (Last, First, I		b Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, N	liddle Initial)			Name of Employer		
Mailing Address			_	Occupation Amount		
City	State	ZIP Code		Guaranteed	y y	
3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, N	liddle Initial)	·		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
SUBTOTALS This Period This					110000.00	
TOTALS This Period (last pag		-			vard to appropriate line of Summary.	

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page			
IAME OF COMMITTEE (In Full) Taxpayers for Art Halvo	orson Comm	nittee		Transact	tion ID : SC/10.4432	
LOAN SOURCE Full Name Halvorson, Arthur, L.,		Idle Initial)		🗌 Memo Item	Election: 2016 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 Loan	90000.00	Cumulative Pa	yment To D	Date Balar 0.00	nce Outstanding at Close of This Perio 90000.00	
TERMS Date Incurred M04M / D01D /	Ž016 ^v	M M / D D	Date Due	Interest Rate (If none, enter 01/2016 ^Y 0.0	0)	
List All Endorsers or Guara 1. Full Name (Last, First, M		o Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Mie	ddle Initial)			Name of Employer		
Mailing Address			_	Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	ag 1 1 ag 1 1 a 1	
4. Full Name (Last, First, Mi	ddle Initial)		1	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g 1 1 g 1 1 a 1	
UBTOTALS This Period This I					90000.00	
					vard to appropriate line of Summary.	

CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th	PAGE 14 OF 15 FOR LINE NUMBER: (check only one)		
				Detailed Summary Pag	e (one of the one of the of th	
AME OF COMMITTEE (In I Taxpayers for Art Ha	,	nittee		Transac	tion ID : SC/10.4881	
LOAN SOURCE Full Na Halvorson, Arthur,	•	Idle Initial)		Memo Item	Election: 2018	
Mailing Address P.O. Box 11					General Other (specify) ▼	
City		State	ZIP Code	9		
Bedford		PA	15522		Personal Funds of the Candidat	
Original Amount of Loar	n 30000.00	Cumulative Pa	yment To D	Date Balar 0.00	nce Outstanding at Close of This Peri 30000.00	
TERMS Date Incu	ırred	[Date Due	Interest Rate (If none, enter		
M01 ^M / D08 ^D /	^ү Ž018 ^ү	M M / D D	/ ^Y 12/3	31/2018 [×] 5.0		
List All Endorsers or G	· • • •	o Loan Source		Name of Employer		
1. Full Name (Last, Firs	a, Middle Initial)			Name of Employer		
Mailing Address				Occupation Amount		
City	State	ZIP Code		Guaranteed Outstanding:	y y	
2. Full Name (Last, First	, Middle Initial)	·		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1	
3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1	
4. Full Name (Last, First	, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
UBTOTALS This Period T	his Page (optional)			······ •	30000.00	
OTALS This Period (last p	bage in this line only)		······		
Carry outstanding balance	only to LINE 3, Sch	edule D, for thi	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary	

CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Fi axpayers for Art Ha	,	littee	•	Transact	tion ID : SC/10.4882	
LOAN SOURCE Full Nar Halvorson, Arthur,		dle Initial)		Memo Item	Election: 2018 X Primary General	
Mailing Address P.O. Box 11					Other (specify)	
City		State	ZIP Code		× Personal Funds of the Candidat	
Bedford		PA	15522			
Original Amount of Loan	35000.00	Cumulative Pa	yment To Dat	te Balar 0.00	nce Outstanding at Close of This Perio 35000.00	
TERMS Date Incur	red	[ate Due	Interest Rate (If none, enter		
M01M / D31D /	Y Ž018 Y	M M / D D	[/] ^Y 12/31/			
List All Endorsers or Gu		Loan Source	I			
1. Full Name (Last, First	, Middle Initial)		Na	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Gu	nount uaranteed utstanding:	y y	
2. Full Name (Last, First,	Middle Initial)		Na	ame of Employer		
Mailing Address			Oc	ccupation		
City	State	ZIP Code	Gu	nount uaranteed utstanding:	y y	
3. Full Name (Last, First,	Middle Initial)		Na	ame of Employer		
Mailing Address			00	ccupation		
City	State	ZIP Code	Gu	mount uaranteed utstanding:	y	
4. Full Name (Last, First,	Middle Initial)		Na	ame of Employer		
Mailing Address			00	ccupation		
City	State	ZIP Code	Gu	nount uaranteed utstanding:	· · · · · · · · · · · · · · · · · · ·	
UBTOTALS This Period Th	is Page (optional)			······ •	35000.00	
					7 7 7	