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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3	For An A	uthorized Com	nmittee	Offi	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	kample: If typing, typ ver the lines.	e 12FE4M5	
Taxpayers for Art Ha	alvorson Comm	ittee			ı
ADDRESS (number and street)	PO Box 11				
Charle if different					
Check if different than previously reported. (ACC)	Bedford			PA155	22
2. FEC IDENTIFICATION	NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00545681		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT PA 09 09
4. TYPE OF REPORT	(Choose One)	(b) 12-Day PRE	E-Election Report for	the:	
(a) Quarterly Reports:		(5) 12 Day 1112			п
April 15 Quarter	rly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
			Convention (12C)	Special (12S)	
July 15 Quarter	ly Report (Q2)		M M / D	D / Y Y Y Y	in the
October 15 Qua	arterly Report (Q3)	Election on			State of
January 31 Year-End Report (YE) (c) 30-Day POST -Election Report for the:					
		П	General (30G)	Runoff (30R)	Special (30S)
			General (30G)	nulioli (30h)	Special (303)
Termination Rep	port (TER)	Election on		D / Y " Y " Y " Y	in the State of
5. Covering Period	M M / D D /	Y Y Y Y Y 2017	through	M M / D D / Y	Y Y Y 2017
I certify that I have examined Type or Print Name of Treas	Jacobs, Cathe		nowledge and belief	it is true, correct and co	mplete.
Signature of Treasurer	Jacobs, Catherine, , ,		[Electronically Filed]	Date 01	31 / Y Y Y Y Y Y 2018
- NOTE: Submission of false, en	roneous or incomplet	e information may	subject the person sig	uning this Report to the s	enalties of 52 IISC &30100
Office	Toneous, or incomplet	l mornadon may	Subject the person sig	gring this nepolitio the p	Grianies of 52 0.3.0. 930109
Use Only					FEC FORM 3 (Revised 05/2016)

Report Covering the Period:

SUMMARY PAGE

of Receipts and Disbursements

2017

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2017

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To:

FEC Form 3 (Revised 05/2016)

rec roill 3 (hevised 05/201

Write or Type Committee Name
Taxpayers for Art Halvorson Committee

From:

COLUMN A COLUMN B This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 300.00 (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) 0.00 300.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 17060.49 Reporting Period (from Line 27)..... 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 362000.00 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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

Taxpayers for Art Halvorson Committee

10 2017 31 2017 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)	0.00	100.00		
(ii) Unitemized(iii) TOTAL of contributions	0.00	200.00		
from individuals	0.00	300.00		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) The Candidate (e) TOTAL CONTRIBUTIONS (other than loans)	0.00	0.00		
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	300.00		
TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
3. 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		
4. OFFSETS TO OPERATING EXPENDITURES				
(Refunds, Rebates, etc.)	0.00	0.00		
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	300.00		

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	0.00	0.00		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS:				
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	13000.00		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	13000.00		
20.	REFUNDS OF CONTRIBUTIONS TO:				
	(a) Individuals/Persons Other	0.00	0.00		
	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)	0.00	13000.00		
	III. CASH SI	JMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD					
24	TOTAL RECEIPTS THIS PERIOD (from Line	0.00			
25.	25. SUBTOTAL (add Line 23 and Line 24)				
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00		
27.	7. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)				

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

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

PAGE 5 FOR LINE NUMBER: **X** 13a (check only one)

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ANE OF COMMITTEE (in Full) Faxpayers for Art Halvorson Committee CAN SOURCE Full Name (Last, First, Middle Initial)			11					
List All Endorsers or Guarantors (if any) to Loan Source	, ,	Transaction ID : SC/10.4269						
City Bedford PA 15522	LOAN SOURCE Full Name (Last, First, Mid Halvorson, Arthur, L., ,	x Primary General						
Bedford PA 15522 Personal Funds of the Candidate Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period Tobac 100000.00 13000.00 87000.00 TERMS Date Incurred Date Due Interest Rate (If none, enter o) 87000.00 13000.00 87000.00 TERMS Date Incurred Date Due Interest Rate (If none, enter o) 970 1000 1000 1000 1000 1000 1000 1000	P.O. Box 11	P.O. Box 11 Other (specify) ▼ ———————————————————————————————————						
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Very V		Y Personal Funds of the Candid						
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Mo6M	Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Pe					
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:	100000.00	3	13000.00					
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:	TERMS Date Incurred	D						
1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation	^M 06 ^M / □27□ / Y Ž01Š Y	M M / D D						
Mailing Address Occupation Amount Guaranteed Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Guaranteed Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Guaranteed Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)		o Loan Source	Name of Employer					
Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mame of Employer Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 87000.00	, , ,							
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 87000.00	Mailing Address		Occupation					
Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: Substantial Amount Guaranteed Outstanding: Substantial Amount Guaranteed Outstanding: Substantial Amount Guaranteed Outstanding: Substantial Amount Guaranteed Outstanding:	City State	ZIP Code	Guaranteed					
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City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	Mailing Address		Occupation					
Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 87000.00	City State	ZIP Code	Guaranteed					
Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)	3. Full Name (Last, First, Middle Initial)		Name of Employer					
City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 87000.00	Mailing Address		Occupation					
Mailing Address Occupation Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 87000.00	City State	ZIP Code	Guaranteed					
City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 87000.00	4. Full Name (Last, First, Middle Initial) Name of Employer							
City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) 87000.00	Mailing Address		Occupation					
, , , , , , , , , , , , , , , , , , , ,	City	ZIP Code	Guaranteed					
Carry outstanding balance only to LINE 3. Schedule D. for this line, If no Schedule D. carry forward to appropriate line of Summary	, or control							

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

Use separate schedule(s) for each category of the

PAGE 6 OF FOR LINE NUMBER: **X** 13a (check only one)

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				Detailed \$	Summary Pa	ige			13b
AME OF COMMITTEE (In Full)				-	Transa	ction II	D : SC/10.4268	,	•
Taxpayers for Art Halvorson Committee									
LOAN SOURCE Full Name (Last, Fir	rst, Mid	dle Initial)			Memo Item	·	tion: 2014		
Halvorson, Arthur, L., ,							Primary General		
Mailing Address P.O. Box 11							Other (specify)	V	
City		State	ZIP Cod	e		+=			
Bedford		PA	15522			×	Personal Fun	ds of the 0	Candidate
Original Amount of Loan Cumulative Payment To			ment To [Date	Bal	ance O	utstanding at	Close of T	his Period
75000.00	0		,	0.00			, , ,	75000	0.00
TERMS Date Incurred		D	ate Due		Interest Rat			Secured	d:
^M 04 ^M / □09 ^D / ¥ Ž014 Y	ſ N	M M / D D	/ Y05/	0.00 % (apr) Yes X No					x No
List All Endorsers or Guarantors (if	any) to	Loan Source							
1. Full Name (Last, First, Middle Initi	ial)			Name of Em	nployer				
Mailing Address				Occupation					
			-	Amount					_
City	tate	ZIP Code		Guaranteed Outstanding:		7	-		
2. Full Name (Last, First, Middle Initial) Name of Employer									
Mailing Address				Occupation					
				Amount		_			_
City	tate	ZIP Code		Guaranteed Outstanding:		7	9		
3. Full Name (Last, First, Middle Initial) Name of Employer									
Mailing Address				Occupation					
				Amount		_			_
City	tate	ZIP Code		Guaranteed Outstanding:	. L.	7	- 9		
4. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address				Occupation					
				Amount					_
City	tate	ZIP Code		Guaranteed Outstanding:		7	7		
SUBTOTALS This Period This Page (optional) 75000.00									
TOTALS This Period (last page in this li	ne only))					2		
Carry outstanding balance only to LINE	2 Cal-	adula D. far this	lina If	o Cobodul-	D 00000 for	ord 1	o oppressiets	line of C	Imama c.a.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a

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OF

		100					
NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Com	mittee	Transaction ID : SC/10.4425					
LOAN SOURCE Full Name (Last, First, M	LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016						
Halvorson, Arthur, L., ,	x Primary						
Mailing Address P.O. Box 11	General Other (specify) ▼						
City	State	ZIP Code # Personal Funds of the Candidate					
Bedford	PA	15522					
Original Amount of Loan							
110000.00	,	0.00 110000.00					
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)					
M03M / D21D / Y Ž01Ğ Y	M M / D D	/ ^Y 12/Ŏ1/2Ŏ16 ^Y 0.04 % (apr) Yes ✗ No					
List All Endorsers or Guarantors (if any)	to Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount Guaranteed					
City	ZIP Code	Outstanding:					
3. Full Name (Last, First, Middle Initial) Name of Employer							
Mailing Address		Occupation					
		Amount Guaranteed					
City	ZIP Code	Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
	T	Amount					
City	ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)		440000 00					
11000.00							
TOTALS This Period (last page in this line on	TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, So	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.					

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

Use separate schedule(s) for each category of the

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

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Detailed Summary Page 13b Transaction ID: SC/10.4432 NAME OF COMMITTEE (In Full) Taxpayers for Art Halvorson Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Halvorson, Arthur, L.,, General Mailing Address P.O. Box 11 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate PΑ 15522 Bedford Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 90000.00 0.00 90000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.04 D01D M 04M ž016 Y12/01/2016Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.