

# 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 05 / 20 / 2014 in the State of PA

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

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

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 04 / 30 / 2014

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

05 / 10 / 2014

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
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	24975.00	86376.13
(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)).....	24975.00	86376.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	141028.98	245962.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	25.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	141028.98	245937.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15438.54	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	175000.00	

**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).....	21625.00	67680.00
(ii) Unitemized.....	3000.00	14206.21
(iii) TOTAL of contributions from individuals ▶	24625.00	81886.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	350.00	2850.00
(d) The Candidate.....	0.00	1639.92
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	24975.00	86376.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	75000.00	175000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	75000.00	175000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	25.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	99975.00	261401.13

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	141028.98	245962.59
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) ►	141028.98	245962.59

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	56492.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	99975.00
25. SUBTOTAL (add Line 23 and Line 24).....	156467.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	141028.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15438.54

**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 19
	<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)  
**David A Barger**

Mailing Address 2513 6th Ave

City Altoona State PA Zip Code 16602

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

Name of Employer WRTA Occupation Radio Host

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11Al.4887**

Amount of Each Receipt this Period  
 1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Douglas A. Braendel**

Mailing Address 1084 Grand View Ave

City Everett State PA Zip Code 15537

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  
 04 / 11 / 2014

**Transaction ID : SA11Al.4883**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 4504 MILLIGANS COVE ROAD

City MANN'S 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11Al.4838**

Amount of Each Receipt this Period  
 2600.00

Check

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

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

3800.00

**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 19
	<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)  
**Tim Chambers**

Mailing Address 325 Miller Rd

City: Smicksburg State: PA Zip Code: 16256

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

Name of Employer: NA Occupation: NA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 04 / 11 / 2014

**Transaction ID : SA11AI.4889**

Amount of Each Receipt this Period: 350.00

Check

**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: 2600.00

Date of Receipt: 04 / 02 / 2014

**Transaction ID : SA11AI.4849**

Amount of Each Receipt this Period: 2000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**ANDREW KATZ**

Mailing Address PO BOX 66

City: DUNCANSVILLE State: PA Zip Code: 16635

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

Name of Employer: SELF-EMPLOYED Occupation: FINANCIAL ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2650.00

Date of Receipt: 04 / 16 / 2014

**Transaction ID : SA11AI.4880**

Amount of Each Receipt this Period: 2600.00

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

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

4950.00

**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 19
	<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)  
**Cary Katz**

Mailing Address 9021 Grove Crest Ln

City Las Vegas State NV Zip Code 89134

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

Name of Employer College Loan Corporation Occupation Board Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : SA11AI.4878**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Cary Katz**

Mailing Address 9021 Grove Crest Ln

City Las Vegas State NV Zip Code 89134

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

Name of Employer College Loan Corporation Occupation Board Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : SA11AI.4913**

Amount of Each Receipt this Period  
2600.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Evelyn H. Kent**

Mailing Address 4420 Milligans Cove Rd

City Manns Choice State PA Zip Code 15550

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

Name of Employer NA Occupation NA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.4897**

Amount of Each Receipt this Period  
200.00

Check

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

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

5400.00

**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 19
	<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**

Full Name (Last, First, Middle Initial) <b>Donald C Krom</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 3704 Milligans Cove Road		<b>Transaction ID : SA11AI.4834</b>
City Manns Choice	State PA	Zip Code 15550
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer NA	Occupation Retired	CC
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>PATRICIA LEACH</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 532 PFEIFFER ROAD		<b>Transaction ID : SA11AI.4850</b>
City MARION CENTER	State PA	Zip Code 15759
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer N/A	Occupation RETIRED	Check
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>PATRICIA LEACH</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 532 PFEIFFER ROAD		<b>Transaction ID : SA11AI.4820</b>
City MARION CENTER	State PA	Zip Code 15759
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation RETIRED	CC
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 19
	<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)  
**PATRICIA LEACH**

Mailing Address 532 PFEIFFER ROAD

City State Zip Code  
MARION CENTER PA 15759

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  
1900.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2014

**Transaction ID : SA11AI.4902**

Amount of Each Receipt this Period  
400.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**JOHN OLSON**

Mailing Address 9593 ANDERSON ROAD

City State Zip Code  
MERCERSBURG PA 17236

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

Name of Employer Occupation  
WILLARD AGRI SERVICE CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2014

**Transaction ID : SA11AI.4811**

Amount of Each Receipt this Period  
250.00

CC

**C.** Full Name (Last, First, Middle Initial)  
**REBECCA PARKER**

Mailing Address 2065 DUNCAN DRIVE

City State Zip Code  
BATON ROUGE LA 70802

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 04 / 2014

**Transaction ID : SA11AI.4808**

Amount of Each Receipt this Period  
500.00

CC

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

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

1150.00

**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 19
	<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)  
**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  
**2850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : SA11AI.4823**

Amount of Each Receipt this Period  
**2600.00**

CC

**B.** Full Name (Last, First, Middle Initial)  
**Carl D. PORTER**

Mailing Address **9805 Runner Stone Pl**

City **Bristow** State **VA** Zip Code **20136**

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

Name of Employer **NA** Occupation **NA**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 20 / 2014**

**Transaction ID : SA11AI.4836**

Amount of Each Receipt this Period  
**250.00**

Check

**C.** Full Name (Last, First, Middle Initial)  
**RAY PORTER**

Mailing Address **32 NORTH PIN OAK**

City **BOILING SPRINGS** State **PA** Zip Code **17007**

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

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11AI.4825**

Amount of Each Receipt this Period  
**100.00**

CC

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

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

**2950.00**

**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 19
	<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)  
**MICHAEL SELKER**

Mailing Address 108 MAPLE LANE

City State Zip Code  
CLARION PA 16214

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

Name of Employer Occupation  
SELF ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 02 / 2014

**Transaction ID : SA11AI.4805**

Amount of Each Receipt this Period  
100.00

CC

**B.** Full Name (Last, First, Middle Initial)  
**DAVID SERVELLO**

Mailing Address 1500 HARRISON AVENUE

City State Zip Code  
ALTOONA PA 16602

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  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2014

**Transaction ID : SA11AI.4824**

Amount of Each Receipt this Period  
25.00

CC

**C.** Full Name (Last, First, Middle Initial)  
**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  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3625.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11AI.4912**

Amount of Each Receipt this Period  
1000.00

Check

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

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

1125.00

21625.00

**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 12 OF 19
	<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)  
**America's Political Action Committee, Inc.**

Mailing Address 11 N. Carlisle St.

City State Zip Code  
Greencastle PA 17225

FEC ID number of contributing federal political committee. **C** C00184143

Name of Employer Occupation

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  
 04 / 22 / 2014

**Transaction ID : SA11C.4840**

Amount of Each Receipt this Period  
350.00

Check

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	350.00

**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 13 OF 19
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Arthur L. Halvorson**

Mailing Address P.O. Box 11

City State Zip Code  
Bedford PA 15522

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

Name of Employer Occupation  
Self Employed Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
75000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 09 / 2014

**Transaction ID : SA13A.4855**

Amount of Each Receipt this Period  
75000.00

Loan by candidate to committee

**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

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

Amount of Each Receipt this Period

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

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

75000.00

75000.00

**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 14 OF 19			
	<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. COM ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 3RD STREET, SUITE 2B			Amount of Each Disbursement this Period 222.92	
City BATON ROUGE	State LA	Zip Code 70801	Transaction ID : SB17.4895	
Purpose of Disbursement		003 Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. Indiana County Republican Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 35 North 8th St			Amount of Each Disbursement this Period 400.00	
City Indiana	State PA	Zip Code 15701	Transaction ID : SB17.4873	
Purpose of Disbursement		004 Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>c. Liberty Media</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 421 Poplar Ave			Amount of Each Disbursement this Period 62000.00	
City New Cumberland	State PA	Zip Code 17070	Transaction ID : SB17.4871	
Purpose of Disbursement		004 Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	62622.92
<b>TOTAL</b> 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 15 OF 19			
	<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. BRIAN LIVINGSTON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 462 INDIAN SPRINGS LANE		Amount of Each Disbursement this Period 1800.00
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement 001	<b>Transaction ID : SB17.4862</b>
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Mont Alto FD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 571 South Main St		Amount of Each Disbursement this Period 500.00
City Mont Alto	State PA	
Zip Code 17237	Purpose of Disbursement 007	<b>Transaction ID : SB17.4863</b>
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Penneco Outdoor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 6608 Route 22		Amount of Each Disbursement this Period 1250.00
City Delmont	State PA	
Zip Code 15626	Purpose of Disbursement 004	<b>Transaction ID : SB17.4865</b>
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3550.00
<b>TOTAL</b> 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 16 OF 19			
	<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. REAM PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 515 Farmbrook Ln PO Box 2891		Amount of Each Disbursement this Period 28775.88
City York State PA Zip Code 17405	Purpose of Disbursement 004 Category/Type	
Candidate Name		<b>Transaction ID : SB17.4856</b>
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. REAM PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 515 Farmbrook Ln PO Box 2891		Amount of Each Disbursement this Period 28775.88
City York State PA Zip Code 17405	Purpose of Disbursement 004 Category/Type	
Candidate Name		<b>Transaction ID : SB17.4870</b>
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. RON ROBERTSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 1750.00
City BEDFORD State PA Zip Code 15522	Purpose of Disbursement 001 Category/Type	
Candidate Name		<b>Transaction ID : SB17.4860</b>
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59301.76
<b>TOTAL</b> 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 17 OF 19	
	<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. RON ROBERTSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.4867</b>
City BEDFORD	State PA	
Zip Code 15522	Purpose of Disbursement 001	Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. DAVID SHOW</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4858</b>
City BEDFORD	State PA	
Zip Code 15522	Purpose of Disbursement 001	Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Steve Strickler</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address MindMotion 25 South Main St, 3rd Floor		Amount of Each Disbursement this Period 11792.50 <b>Transaction ID : SB17.4868</b>
City Manheim	State PA	
Zip Code 17545	Purpose of Disbursement 004	Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15542.50
<b>TOTAL</b> This Period (last page this line number only).....	141017.18

**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).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4855**  
**Taxpayers for Art Halvorson Committee**

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

City	State	ZIP Code
Bedford	PA	15522

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 09 / Y 2014	M M / D D / Y 5/30/2014	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="75000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="175000.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	