

# 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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

05 / 01 / 2014

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

06 / 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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

07 / 13 / 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))....	8281.94	94658.07
(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)).....	8281.94	94658.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	16085.77	262048.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	225.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15885.77	261823.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7834.71	
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:  /  /

<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).....	4014.04	71694.04
(ii) Unitemized .....	2235.14	16441.35
(iii) TOTAL of contributions from individuals ▶	6249.18	88135.39
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2850.00
(d) The Candidate .....	2032.76	3672.68
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8281.94	94658.07
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	175000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	175000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	200.00	225.00
<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>	8481.94	269883.07

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16085.77	262048.36
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) ►	16085.77	262048.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15438.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8481.94
25. SUBTOTAL (add Line 23 and Line 24).....	23920.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16085.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7834.71

**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 20
	<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)  
**DEBRA BROWNLEE**

Mailing Address **2641 HAZEN RICHARDSVILLE ROAD**

City **BROOKVILLE** State **PA** Zip Code **15825**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.5041**

Amount of Each Receipt this Period  
**500.00**

CHECK

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

Mailing Address **6872 BRIGHT PLUME**

City **COLUMBIA** State **MO** Zip Code **21044**

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

Name of Employer **VA** Occupation **AUDIOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : SA11AI.4939**

Amount of Each Receipt this Period  
**250.00**

CC

**C.** Full Name (Last, First, Middle Initial)  
**MARY ANN CLARK**

Mailing Address **5 MILLER DRIVE**

City **BLAIRSVILLE** State **PA** Zip Code **15717**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11AI.4996**

Amount of Each Receipt this Period  
**250.00**

CHECK

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

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

**1000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<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)  
**Fyfe's Inspection Garage**

Mailing Address 4930 Milligans Cove Rd

City Manns Choice State PA Zip Code 15550

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.5035**

Amount of Each Receipt this Period  
 100.00

CHECK

**B.** Full Name (Last, First, Middle Initial)  
**Brian P Holmes**

Mailing Address 1497 Castlegreen Dr.

City Greencastle State PA Zip Code 17225

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

Name of Employer Occupation  
 Parkway Neuroscience & Spine Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.4928**

Amount of Each Receipt this Period  
 1000.00

CC

**C.** Full Name (Last, First, Middle Initial)  
**JUDITH HUDSPETH**

Mailing Address 13508 NORWICK PLACE

City GAINESVILLE State VA Zip Code 20155

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

Name of Employer Occupation  
 OFFICER'S CHRISTIAN FELLOWSHIP AREA DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.4988**

Amount of Each Receipt this Period  
 130.00

CHECK

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

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

1230.00

**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 20
	<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)  
**WILLIAM HUDSPETH**

Mailing Address 13508 NORWICK PLACE

City State Zip Code  
GAINESVILLE VA 20155

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

Name of Employer Occupation  
OFFICER'S CHRISTIAN FELLOWSHIP AREA DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11AI.4989**

Amount of Each Receipt this Period  
**130.00**

CHECK

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

Mailing Address 4420 Milligans Cove Rd

City State Zip Code  
Manns Choice PA 15550

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

Name of Employer Occupation  
NA NA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11AI.5003**

Amount of Each Receipt this Period  
**100.00**

CHECK

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**319.04**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.5016**

Amount of Each Receipt this Period  
**319.04**

CHECK

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

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

**549.04**

**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 20
	<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)  
**MADISON PROJECT INC.**

Mailing Address **PO BOX 15179**

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

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.5015**

Amount of Each Receipt this Period  
**100.00**  
 IND CONT THROUGH MADISON PROJECT

**B.** Full Name (Last, First, Middle Initial)  
**MADISON PROJECT INC.**

Mailing Address **PO BOX 15179**

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

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2635.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11AI.5014**

Amount of Each Receipt this Period  
**35.00**  
 IND CONT THROUGH MADISON PROJECT

**C.** Full Name (Last, First, Middle Initial)  
**JAY MAHAFFEY**

Mailing Address **770 LIVE OAK COURT**

City **MILLERSVILLE** State **MD** Zip Code **21108**

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

Name of Employer **NET JETS** Occupation **PILOT**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **255.00**

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

**Transaction ID : SA11AI.4933**

Amount of Each Receipt this Period  
**250.00**  
 CC

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

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

**385.00**



**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 20
	<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)  
**JOHN OLSON**

Mailing Address **9593 ANDERSON ROAD**

City **MERCERSBURG** State **PA** Zip Code **17236**

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

Name of Employer **WILLARD AGRI SERVICE** Occupation **CFO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4931**

Amount of Each Receipt this Period  
**150.00**

CC

**B.** 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 **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 18 / 2014**

**Transaction ID : SA11AI.4957**

Amount of Each Receipt this Period  
**100.00**

CC

**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 **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.4958**

Amount of Each Receipt this Period  
**100.00**

CC

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

**TOTAL** 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: PAGE 10 OF 20  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD WHITE**

Mailing Address 165 DIEHLFIELD ROAD

City BEDFORD State PA Zip Code 15522

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

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.5037**

Amount of Each Receipt this Period  
 500.00

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

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

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

500.00

4014.04

**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 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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 Bedford State PA Zip Code 15522

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**76299.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11D.4973**

Amount of Each Receipt this Period  
**259.70**

In-kind - ADVERTISING MATERIALS

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

Mailing Address P.O. 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 Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**76039.86**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11D.4975**

Amount of Each Receipt this Period  
**806.66**

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

Mailing Address P.O. 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 Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**75233.20**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11D.4976**

Amount of Each Receipt this Period  
**233.20**

In-kind - ADVERTISING PRINT MEDIA

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

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

**1299.56**

**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 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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 Bedford State PA Zip Code 15522

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**76532.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11D.5027**

Amount of Each Receipt this Period  
**233.20**

In-kind - ADVERTISING MATERIALS

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

Mailing Address P.O. 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 Self Employed

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**77032.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11D.5042**

Amount of Each Receipt this Period  
**500.00**

In-kind - FUEL

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**733.20**

**2032.76**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20		
	<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 06 / 30 / 2014
Mailing Address 3RD STREET, SUITE 2B		Amount of Each Disbursement this Period 110.88 <b>Transaction ID : SB17.4982</b>
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CONTRIBUTION FEES	Category/ Type 003
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
Other (specify)	State: PA District: 09	

Full Name (Last, First, Middle Initial) <b>B. Arthur L. Halvorson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period 233.20 <b>Transaction ID : SB17.4978</b>
City Bedford	State PA	
Zip Code 15522	Purpose of Disbursement In-kind - ADVERTISING PRINT MEDIA	Category/ Type
Candidate Name	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	
Other (specify)	State: PA District: 09	

Full Name (Last, First, Middle Initial) <b>c. Arthur L. Halvorson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period 806.66 <b>Transaction ID : SB17.4979</b>
City Bedford	State PA	
Zip Code 15522	Purpose of Disbursement	Category/ Type
Candidate Name	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	
Other (specify)	State: PA District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1150.74
<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 14 OF 20			
	<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. Arthur L. Halvorson</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period <b>259.70</b>
City <b>Bedford</b>	State <b>PA</b>	
Zip Code <b>15522</b>	Purpose of Disbursement <b>In-kind - ADVERTISING MATERIALS</b>	<b>Transaction ID : SB17.4981</b>
Candidate Name	Category/Type	
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: <b>PA</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>B. Arthur L. Halvorson</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period <b>233.20</b>
City <b>Bedford</b>	State <b>PA</b>	
Zip Code <b>15522</b>	Purpose of Disbursement <b>In-kind - ADVERTISING MATERIALS</b>	<b>Transaction ID : SB17.5028</b>
Candidate Name	Category/Type	
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: <b>PA</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>C. Arthur L. Halvorson</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address P.O. Box 11		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Bedford</b>	State <b>PA</b>	
Zip Code <b>15522</b>	Purpose of Disbursement <b>In-kind - FUEL</b>	<b>Transaction ID : SB17.5044</b>
Candidate Name	Category/Type	
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: <b>PA</b> District: <b>09</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>992.90</b>
<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 20			
	<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. Catherine F. Jacobs</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. Box 250		Amount of Each Disbursement this Period 138.88 <b>Transaction ID : SB17.4971</b>
City Manns Choice	State PA	
Zip Code 15550	Purpose of Disbursement PHONE CHARGES	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

Full Name (Last, First, Middle Initial) <b>B. BRIAN LIVINGSTON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 462 INDIAN SPRINGS LANE		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.4961</b>
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement FEE	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

Full Name (Last, First, Middle Initial) <b>C. BRIAN LIVINGSTON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 462 INDIAN SPRINGS LANE		Amount of Each Disbursement this Period 1625.00 <b>Transaction ID : SB17.4969</b>
City MANNS CHOICE	State PA	
Zip Code 15550	Purpose of Disbursement FEE	Category/ Type 001
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4163.88
<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 20			
	<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 05 / 01 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.4962</b>
City BEDFORD	State PA	
Purpose of Disbursement FEE	001	Category/ Type
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>		
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. RON ROBERTSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.4965</b>
City BEDFORD	State PA	
Purpose of Disbursement FEE	001	Category/ Type
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>		
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. RON ROBERTSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4970</b>
City BEDFORD	State PA	
Purpose of Disbursement FEE	001	Category/ Type
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>		
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).....	4200.00
<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 17 OF 20	
	<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. INC ROCKWOOD STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address UNDISCLOSED		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4963</b>
City HARRISBURG	State PA	
Zip Code 17177	Purpose of Disbursement FINAL FEE	Category/ Type 001
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>	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. INC ROCKWOOD STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address UNDISCLOSED		Amount of Each Disbursement this Period 834.00 <b>Transaction ID : SB17.4967</b>
City HARRISBURG	State PA	
Zip Code 17177	Purpose of Disbursement FEE	Category/ Type 001
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>	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. DAVID SHOW</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO BOX 11		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4964</b>
City BEDFORD	State PA	
Zip Code 15522	Purpose of Disbursement FEE	Category/ Type 001
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>	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).....	4084.00
<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 18 OF 20	
	<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. DAVID SHOW</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2014</b>
Mailing Address <b>PO BOX 11</b>		Amount of Each Disbursement this Period <b>1333.00</b> <b>Transaction ID : SB17.4968</b>
City <b>BEDFORD</b>	State <b>PA</b> Zip Code <b>15522</b>	
Purpose of Disbursement <b>FEE</b>	<b>001</b>	Category/ Type
Candidate Name <b>Taxpayers for Art Halvorson Committee</b>		
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: <b>PA</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1333.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>15924.52</b>

**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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 27 / 2013	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).....	▶	[ ]

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

**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) <b>Arthur L. Halvorson</b>	<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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="75000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text" value="175000.00"/>
<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>	