

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Taxpayers for Art Halvorson Committee

ADDRESS (number and street) ▼

P.O. Box 11

Check if different than previously reported. (ACC)

Bedford

PA

15522

2. **FEC IDENTIFICATION NUMBER** ▼

C C00545681

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

PA

09

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Catherine F. Jacobs

Signature of Treasurer Catherine F. Jacobs

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

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))....	300.00	64657.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	300.00	64657.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	59453.12	208616.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	59453.12	208616.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	61025.57	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	375000.00	

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).....	300.00	56100.00
(ii) Unitemized.....	0.00	8557.00
(iii) TOTAL of contributions from individuals ▶	300.00	64657.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	300.00	64657.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	200000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	300.00	264657.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	59453.12	208616.14
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	59453.12	208616.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	120178.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	300.00
25. SUBTOTAL (add Line 23 and Line 24).....	120478.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59453.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	61025.57

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 17 / 2016

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period
100.00

Memo Item
Anedot

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2016

Transaction ID : SA11AI.5418

Amount of Each Receipt this Period
100.00

Memo Item
Anedot Contribution

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period
100.00

Memo Item
Anedot

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

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

300.00

300.00

**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 6 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Altoona Mirror		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 301 Cayuga Ave		Amount of Each Disbursement this Period 815.00
City Altoona	State PA	
Purpose of Disbursement Ad	Category/ Type 004	<input type="checkbox"/> Memo Item
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5436
Disbursement For: 2016 <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. STEPHAN BUCKINGHAM		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 4260 MILLIGANS COVE ROAD		Amount of Each Disbursement this Period 1913.32
City MANN'S CHOICE	State PA	
Purpose of Disbursement Campaign worker fee	Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5423
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 09	

Full Name (Last, First, Middle Initial) C. STEPHAN BUCKINGHAM		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016
Mailing Address 4260 MILLIGANS COVE ROAD		Amount of Each Disbursement this Period 2964.55
City MANN'S CHOICE	State PA	
Purpose of Disbursement Management Fee	Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5451
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	5692.87
TOTAL 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 7 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Capitol Promotions		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address PO Box 231		Amount of Each Disbursement this Period 546.96
City Glenside	State PA	
Zip Code 19038	Purpose of Disbursement Ads	<input type="checkbox"/> Memo Item
Candidate Name Taxpayers for Art Halvorson Committee	Category/Type 004	Transaction ID : SB17.5421
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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. Forever Media		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 1 Forever Drive		Amount of Each Disbursement this Period 500.00
City Holidaysburg	State PA	
Zip Code 16648	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name Taxpayers for Art Halvorson Committee	Category/Type 004	Transaction ID : SB17.5430
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

Full Name (Last, First, Middle Initial) c. Catherine F. Jacobs		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address P.O. Box 250		Amount of Each Disbursement this Period 76.26
City Manns Choice	State PA	
Zip Code 15550	Purpose of Disbursement Office supplies	<input type="checkbox"/> Memo Item
Candidate Name Taxpayers for Art Halvorson Committee	Category/Type 001	Transaction ID : SB17.5443
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	1123.22
TOTAL 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 8 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Kessler Creative		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 12276 San Jose Blvd, Ste 115		Amount of Each Disbursement this Period 22163.00 <input type="checkbox"/> Memo Item
City Jacksonville State FL Zip Code 32223	Purpose of Disbursement Mailer 004 Category/Type	
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5424
State: PA District: 09		

Full Name (Last, First, Middle Initial) B. RICHARD LATKER		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 703 ALLEGHENY STREET		Amount of Each Disbursement this Period 220.22 <input type="checkbox"/> Memo Item
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement Ad cards 004 Category/Type	
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5438
State: PA District: 09		

Full Name (Last, First, Middle Initial) C. RICHARD LATKER		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 703 ALLEGHENY STREET		Amount of Each Disbursement this Period 327.00 <input type="checkbox"/> Memo Item
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement Campaign work fee 004 Category/Type	
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5439
State: PA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	22710.22
TOTAL 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 9 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. RICHARD LATKER		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 703 ALLEGHENY STREET		Amount of Each Disbursement this Period 3884.45 <input type="checkbox"/> Memo Item
City HOLLIDAYSBURG	State PA	
Purpose of Disbursement Management Fee	Category/ Type 001	Transaction ID : SB17.5447
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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. RICHARD LATKER		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address 703 ALLEGHENY STREET		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City HOLLIDAYSBURG	State PA	
Purpose of Disbursement Management Fee	Category/ Type 001	Transaction ID : SB17.5450
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09	

Full Name (Last, First, Middle Initial) C. GARRY LEACH		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 532 PFEIFFER ROAD		Amount of Each Disbursement this Period 908.40 <input type="checkbox"/> Memo Item
City MARION CENTER	State PA	
Purpose of Disbursement Ads	Category/ Type 004	Transaction ID : SB17.5453
Candidate Name Taxpayers for Art Halvorson Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	5792.85
TOTAL 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 10 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. PATRICIA LEACH		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 532 PFEIFFER ROAD		Amount of Each Disbursement this Period 322.95 <input type="checkbox"/> Memo Item
City MARION CENTER	State PA	
Zip Code 15759	Purpose of Disbursement Ads	Transaction ID : SB17.5452
Candidate Name Taxpayers for Art Halvorson Committee	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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. Mercersburg Printing		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 9964 Buchanan Trail W		Amount of Each Disbursement this Period 440.56 <input type="checkbox"/> Memo Item
City Mercersburg	State PA	
Zip Code 17236	Purpose of Disbursement postcards	Transaction ID : SB17.5444
Candidate Name Taxpayers for Art Halvorson Committee	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

Full Name (Last, First, Middle Initial) c. P/S Printing		Date of Disbursement MM / DD / YYYY 06 / 10 / 2016
Mailing Address 133 Mann Street		Amount of Each Disbursement this Period 1046.59 <input type="checkbox"/> Memo Item
City Bedford	State PA	
Zip Code 15522	Purpose of Disbursement Print Ads	Transaction ID : SB17.5455
Candidate Name Taxpayers for Art Halvorson Committee	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	1810.10
TOTAL 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 11 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Penneco Outdoor		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 6608 Route 22		Amount of Each Disbursement this Period 175.00
City Delmont State PA Zip Code 15626	Purpose of Disbursement Ads	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09	Category/Type 004	Transaction ID : SB17.5454

Full Name (Last, First, Middle Initial) B. Renda Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 900 Parish Street, 4th Floor		Amount of Each Disbursement this Period 500.00
City Pittsburgh State PA Zip Code 15220	Purpose of Disbursement Advertising on Indiana PA radio	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09	Category/Type 004	Transaction ID : SB17.5425

Full Name (Last, First, Middle Initial) c. Rustic Lodge		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 2199 Oakland Avenue		Amount of Each Disbursement this Period 1166.62
City Indiana State PA Zip Code 15701	Purpose of Disbursement Fundraiser meal fee	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 09	Category/Type 003	Transaction ID : SB17.5427

SUBTOTAL of Disbursements This Page (optional).....	1841.62
TOTAL 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 12 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Spotworks Radio Production		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 165 Oak St; Sherwood Park; AB; T8A		Amount of Each Disbursement this Period 300.00
City State Zip Code Sherwood Park ZZ 15550	Purpose of Disbursement Radio spot production	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.5432

Full Name (Last, First, Middle Initial) B. Joseph Sterns		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 203 Chestnut Ridge Drive		Amount of Each Disbursement this Period 3351.22
City State Zip Code Orwigsburg PA 17962	Purpose of Disbursement Fee for campaign management	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.5420

Full Name (Last, First, Middle Initial) c. Joseph Sterns		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 203 Chestnut Ridge Drive		Amount of Each Disbursement this Period 2258.02
City State Zip Code Orwigsburg PA 17962	Purpose of Disbursement Management fee	
Candidate Name Taxpayers for Art Halvorson Committee		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.5442

SUBTOTAL of Disbursements This Page (optional).....	5909.24
TOTAL 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 13 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Joseph Sterns		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 203 Chestnut Ridge Drive		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5446
City Orwigsburg	State PA	
Zip Code 17962	Purpose of Disbursement Management 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: 2016 <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. Universal Media		Date of Disbursement MM / DD / YYYY 04 / 19 / 2016
Mailing Address 4999 Louise Drive		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5441
City Mechanicsburg	State PA	
Zip Code 17055	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 09	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 04 / 19 / 2016
Mailing Address 1 Postal Lane		Amount of Each Disbursement this Period 520.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5440
City Manns Choie	State PA	
Zip Code 15550	Purpose of Disbursement Postage	Category/ Type 004
Candidate Name Taxpayers for Art Halvorson Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	13520.00
TOTAL 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 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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. WMBS

Full Name (Last, First, Middle Initial)
Mailing Address 44 S Mt Vernon Ave, Uniontown, PA

City Uniontown State PA Zip Code 15401

Purpose of Disbursement Ad
Candidate Name Taxpayers for Art Halvorson Committee
Category/Type 004

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: PA District: 09

Date of Disbursement: 04 / 19 / 2016

Amount of Each Disbursement this Period: 535.00

Memo Item

Transaction ID : SB17.5434

B. WRTA

Full Name (Last, First, Middle Initial)
Mailing Address 2513 6th Ave

City Altoona State PA Zip Code 16602

Purpose of Disbursement Ads
Candidate Name Taxpayers for Art Halvorson Committee
Category/Type 004

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: PA District: 09

Date of Disbursement: 05 / 07 / 2016

Amount of Each Disbursement this Period: 298.00

Memo Item

Transaction ID : SB17.5448

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional) 833.00

TOTAL This Period (last page this line number only) 59233.12

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4390

Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item

Arthur Halvorson

Election: 2014

Primary
 General
 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 M M / D D / 05/30/2014 0.00 % (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
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:

SUBTOTALS This Period This Page (optional)..... ▶ 100000.00
TOTALS 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

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Arthur L. Halvorson	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 M / D D / Y Y Y Y 04 / 09 / 2014	M M / D D / Y Y Y 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 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"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="75000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
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/10.5198**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Arthur Halvorson

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 462 Indian Springs

City State ZIP Code
 Manns Choice PA 15550

Original Amount of Loan 110000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 110000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 03 / D 21 / Y 2016
 Date Due: M / D / Y 12/01/2016
 Interest Rate: 4.00 % (apr)
 Secured: 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
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: []

SUBTOTALS This Period This Page (optional)..... ▶ 110000.00

TOTALS 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/10.5413**
Taxpayers for Art Halvorson Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Arthur Halvorson	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 462 INDIAN GREENS LANE	

City	State	ZIP Code
MANNS CHOICE	PA	15550

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
90000.00	0.00	90000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 04 / 01 / 2016	M M / D D / Y Y Y Y 12/01/2016	4.00 % (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: []

SUBTOTALS This Period This Page (optional).....	90000.00
TOTALS This Period (last page in this line only).....	375000.00

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