# 2050872189

FEC FORM 3

Only

FE5AN018

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2012 AUG -8 AM 9: 48

(Revised 02/2003)

| 1.  | NAME OF<br>COMMITTEE (in full)                                                                                            | TYPE OR PRINT ▼                                              |                      | mple: If typing, ty<br>the lines.                                                      | /pe .      | 12FE4M5                                            | MAIL CENTER                     |
|-----|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------------------------------|
| AD  | Check if different than previously reported. (ACC)                                                                        | P.O. Box                                                     | 5.1.1.<br>b.e.e.     |                                                                                        |            | FL 3                                               | 3.4.9.73 - 105,1,1              |
| 2.  | CDD5098                                                                                                                   | 85 3.                                                        | CITY SIS THIS REPORT | X (N) C                                                                                |            | TATE AMEND                                         | ZIP CODE STATE ▼ DISTRICT       |
| 4.  | TYPE OF REPORT (Cr.  (a) Quarterly Reports:  April 15 Quarterly  July 15 Quarterly  October 15 Quarter  January 31 Year-E | Report (Q1) Report (Q2) erly Report (Q3) ind Report (YE) (c) | Election on          | Election Report for Primary (12P) Convention (12C) C B / Election Report General (30G) | iner       | General (1<br>Special (12<br>2 0   2<br>Runoff (30 | in the FL State of              |
| 5.  | Covering Period                                                                                                           | 7 8 2 20                                                     | ŽŽ                   | through                                                                                | <u>M</u> M | 2.5                                                | ŽŎŢŽ                            |
| Typ | pertify that I have examined to be or Print Name of Treasure gnature of Treasurer  OTE: Submission of false, error        | Robertas<br>Lites                                            | ta Su<br>Sumae       | mner<br>-2                                                                             | Da         | ate OB                                             | ne penalties of 2 U.S.C. §437g. |
|     | Use                                                                                                                       |                                                              |                      |                                                                                        |            | }                                                  | FEC FORM 3                      |

#### **SUMMARY PAGE**

|        |                                                                                               | FEC Form 3 (Revised 02/2003)                                                              | or neceipts and disbursements | Page 2                             |
|--------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| w<br>- | rite d                                                                                        | or Type Committee Name  Arnold for Cond                                                   | ir€35                         |                                    |
| R      | eport                                                                                         | r ster                                                                                    | M / D D / Y Y Y Y To          |                                    |
|        |                                                                                               |                                                                                           | COLUMN A<br>This Period       | COLUMN B<br>Election Cycle-to-Date |
| 6.     | Net                                                                                           | Contributions (other than loans)                                                          |                               |                                    |
|        | (a)                                                                                           | Total Contributions (other than loans) (from Line 11(e))                                  | 188397                        | 992193                             |
|        | (p)                                                                                           | Total Contribution Refunds (from Line 20(d))                                              |                               | 0.00                               |
|        | (c)                                                                                           | Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))                  | 1.8 8 3,9 2                   | 9921.93                            |
| 7.     | Net                                                                                           | Operating Expenditures                                                                    |                               |                                    |
|        | (a)                                                                                           | Total Operating Expenditures (from Line 17)                                               | 5.48.236                      | 1318526                            |
|        | (b)                                                                                           | Total Offsets to Operating Expenditures (from Line 14)                                    |                               |                                    |
|        | (c)                                                                                           | Net Operating Expenditures (subtract Line 7(b) from Line 7(a))                            | 5,4823                        | 1318508                            |
| 8.     |                                                                                               | sh on Hand at Close of porting Period (from Line 27)                                      | 73.6.85                       |                                    |
| 9.     | the                                                                                           | ots and Obligations Owed <b>TO</b> Committee (Itemize all on needule C and/or Schedule D) |                               |                                    |
| 10.    | 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) |                                                                                           | 40000                         |                                    |

#### For further information contact:

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

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

|  | DETAIL | ED S | UMM | ARY | PAGE |
|--|--------|------|-----|-----|------|
|--|--------|------|-----|-----|------|

of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Arnold for Congress

Report Covering the Period:

From:

07 01 2012

To: 07 25

|     | I. RECEIPTS                                                                              | COLUMN A Total This Period | COLUMN B<br>Election Cycle-to-Date |
|-----|------------------------------------------------------------------------------------------|----------------------------|------------------------------------|
| 11. | CONTRIBUTIONS (other than loans) FROM:                                                   |                            |                                    |
|     | (a) Individuals/Persons Other Than Political Committees                                  |                            |                                    |
|     | (i) Itemized (use Schedule A)                                                            | 100000                     | 1500.00                            |
|     | (ii) Unitemized                                                                          | 88392                      | 2,678,92                           |
|     | (iii) TOTAL of contributions from individuals                                            | 188392                     | 4.378.9.2                          |
|     | (b) Political Party Committees                                                           | 000                        | 0.00                               |
|     | (c) Other Political Committees (such as PACs)                                            | 0,00                       | 0,00                               |
|     | (d) The Candidate                                                                        | O,O D                      | 554301                             |
|     | (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                             | 1,883,92                   | 9,92193                            |
| 12. | TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                               | 000                        | 0.00                               |
| 13. | LOANS:                                                                                   |                            |                                    |
|     | (a) Made or Guaranteed by the Candidate                                                  | 000                        | 4,0.0.0.0.0                        |
|     | (b) All Other Loans                                                                      | 0.00                       | 0.0.0                              |
|     | (c) TOTAL LOANS (add Lines 13(a) and (b))                                                | 0.00                       | 4,00,0,00                          |
| 14. | OFFSETS TO OPERATING                                                                     |                            |                                    |
|     | EXPENDITURES (Refunds, Rebates, etc.)                                                    | 000                        | 0.18                               |
| 15. | OTHER RECEIPTS (Dividends, Interest, etc.)                                               | DOO.                       | 0,00                               |
| 16. | TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) | 1.883.92                   | 1392211                            |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

rsements Page 4

|     | II. DISBURSEMENTS                                                  | COLUMN A Total This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COLUMN B Election Cycle-to-Date |  |  |
|-----|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|--|
| 17. | OPERATING EXPENDITURES                                             | 5.4.8.2.3.6<br>(constant and constant and const | 1318526                         |  |  |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |  |  |
| 19. | LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.00                            |  |  |
|     | by the Candidate(b) Of All Other Loans                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.00                            |  |  |
|     | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |  |  |
| 20. | REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |  |  |
|     | Than Political Committees                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |  |  |
|     | (b) Political Party Committees                                     | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0,00                            |  |  |
|     | (c) Other Political Committees (such as PACs)                      | DOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.0.0                           |  |  |
|     | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.00                            |  |  |
| 21. | OTHER DISBURSEMENTS                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.00                            |  |  |
| 22. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)       | 548236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13,185,24                       |  |  |
|     | III. CASH SU                                                       | MMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del>                     |  |  |
| 23. | CASH ON HAND AT BEGINNING OF REPOR                                 | RTING PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4.3.3.5.29                      |  |  |
| 24  | TOTAL RECEIPTS THIS PERIOD (from Line                              | 1883.92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |  |  |
| 25. | SUBTOTAL (add Line 23 and Line 24)                                 | 621921                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |  |  |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (fro                               | m Line 22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5.48236                         |  |  |
| 27. | CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 73685                           |  |  |

#### SCHEDULE A (FEC Form 3)

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) X 11a 11b 11c 11d

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13b 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 gommercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Arnold for Congress Full Name (Last, First, Middle Initial) Tindall Sandra Date of Receipt Mailing Address 8400 NE 120th Street Zip Code City DKeechobee 34974 FEC ID number of contributing Amount of Each Receipt this Period federal political committee. 100000 Name of Employer Occupation Retired rla Receipt For: Election Cycle-to-Date X General Primary Other (specify) 100,000 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing \*C Amount of Each Receipt this Period federal political committee. AND THE PROPERTY OF THE PROPER Name of Employer Occupation Receipt For: Election Cycle-to-Date General Primary Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address State Zip Code City FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... 000 TOTAL This Period (last page this line number only).....

## SCHEDULE B (FEC Form 3)

PAGE FOR LINE NUMBER: Use separate schedule(s) (check only one)

| ITEMIZED DISBURSEMENTS                                                                                                                                                                                                                                                                        | for each category of the<br>Detailed Summary Page | 17 18 19a 19b<br>20a 20b 20c 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and Statements r<br>or for commercial purposes, other than using the name and                                                                                                                                                                        |                                                   | erson for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NAME OF COMMITTEE (In Full) Arnold for Congress                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Full Name (Last, First, Middle Initial)  A. U.S. Postal Service  Mailing Address  1000 SR 70 East  City  OKeecholoee  Purpose of Disbursement  Postage Stamps  Candidate Name  Toe Arnold  Office Sought: X House  Senate  President  Other (Other Condition)                                 | Category/<br>Type                                 | Date of Disbursement  O 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| State: FL District: 14  Full Name (Last, First, Middle Initial)  B. U.S. Postal Service                                                                                                                                                                                                       |                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Mailing Address  1000 5 R 70 East  City State  OKeechobee FL  Purpose of Disbursement  Postage stamps  Candidate Name  Joe Atnold  Office Sought:   X House   Disbursement Found From Primare   Primare   President   Other  State: FL District: 1/6  Full Name (Last, First, Middle Initial) |                                                   | Amount of Each Disbursement this Period grands and control of the |
| C. Staples                                                                                                                                                                                                                                                                                    |                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Purpose of Disbursement  Cffice Supplies  Candidate Name  Jee Arnold  Office Sought: W House Disbursement Formate                                                                                                                                                                             | - ·                                               | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)                                                                                                                                                                                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

## S

| SC         | CHEDULE B (FEC Form 3)                                                                                            | Use separate schedu                                 | 1 .                    | FOR LINE NUMBER: PAGE 2 OF 2 check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IT         | EMIZED DISBURSEMENTS                                                                                              | for each category of                                | the                    | X   17   18   19a   19b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| _          |                                                                                                                   | Detailed Summary Pa                                 |                        | 20a 20b 20c 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| An         | y information copied from such Reports and Statements m<br>for commercial purposes, other than using the name and | hay not be sold or used<br>address of any political | by any po<br>committee | erson for the purpose of soliciting contributions to solicit contributions from such committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| F          | NAME OF COMMITTEE (In Full)                                                                                       | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                 |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| $ \rangle$ | Arnold for Congress                                                                                               |                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| $\angle$   | Full Name (Last, First, Middle Initial)                                                                           |                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A.         |                                                                                                                   |                                                     |                        | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|            | U.S. Postal Service                                                                                               | <del></del>                                         |                        | 07.09.2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | Mailing Address 1000 SR 70 East                                                                                   |                                                     |                        | Superior Commence Commence of the Commence of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|            | City State                                                                                                        | Zip Code                                            |                        | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|            | Okeechobee fi                                                                                                     | 349                                                 | 12                     | Linearing statutes at the first the second and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|            | Purpose of Disbursement Postage 5tamps                                                                            | 12                                                  | 001                    | 6.7500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|            | Postage stamps Candidate Name                                                                                     | العدة ا                                             | Category/              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|            | Mailing Address 1000 SR 70 East                                                                                   |                                                     |                        | D 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|            | Okeechobee FL                                                                                                     | 3497                                                | 2.                     | Analysis (Linux Anthonia and Color Landrica Landrica Color of Service Landrica Landr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| C.         | U.S. Postal Service                                                                                               |                                                     |                        | PRODUCTION OF THE PRODUCTION O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|            | Mailing Address 1000 SR 70 East                                                                                   |                                                     |                        | 0.7 13 20 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| _          | State: FL District: 14                                                                                            |                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| ۲          | SUBTOTAL of Disbursements This Page (optional)                                                                    |                                                     |                        | $\frac{1}{2} \frac{1}{2} \frac{1}$ |
| ١,         | TOTAL This Period (last page this line number only)                                                               |                                                     | •••••                  | 516241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

PAGE OF FOR LINE NUMBER:

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| Sometimes and security assessment of the second sec |                                        | es Chamailtean de la Chamailte | NON                                  | E landera                                      | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | 00                                    | ) (i    |
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#### SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

PAGE 2 OF 2

FOR LINE NUMBER:

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| 3. Full Name (Last, First, I | Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
| Mailing Address              | Table 1986 - San                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount [assessment from the control of the control  |                  |
| City                         | State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Outstanding:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | :                |
| 4. Full Name (Last, First, I | Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
| Mailing Address              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
| City                         | State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount (security constitution of the constitut | <br>;<br>;       |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outstanding:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <i>'</i>         |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | American determinant de montre les en contrat en contrat en contrat de montre de montre de montre de montre de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | randenesses      |
| SUBTOTALS This Period Thi    | s Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | hande plant to the control of the co | ense procession  |
| FOTALS This Period (last pa  | ge in this line only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ٠. ـ             |
| Come outstanding halones a   | nu to 1 MF 2 Cabadala D for this lim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e If no Schedule D. carry forward to engrapriste line of Sum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |

| Federal Election Commence ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing | INCOMING DOCUMENTS            |
|-----------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                                                                           | Date of Receipt               |
| Hand Delivered                                                                                            | •                             |
| USPS First Class Mail                                                                                     | Postmarked                    |
| USPS Registered/Certified                                                                                 | Postmarked (R/C)              |
| USPS Priority Mail                                                                                        | Postmarked                    |
| Delivery Confirmation™ or Signature                                                                       | ature Confirmation™ Label     |
|                                                                                                           | Postmarked                    |
| USPS Express Mail                                                                                         | •                             |
| Postmark Illegible                                                                                        |                               |
| No Postmark                                                                                               |                               |
|                                                                                                           | Shipping Date                 |
| Overnight Delivery Service (Specify):                                                                     | 8/1/12                        |
| N                                                                                                         | ext Business Day Delivery     |
| Received from House Records & Registration                                                                | Date of Receipt Office        |
| Received from Senate Public Records Office                                                                | Date of Receipt               |
| Received from Electronic Filing Office                                                                    | Date of Receipt               |
| Other (Specify):                                                                                          | Date of Receipt or Postmarked |
| Im D                                                                                                      | 8/8/12                        |
| PREPARER                                                                                                  | DATE PREPARED                 |
| (3/2005)                                                                                                  |                               |