

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 JUL 19 PM 2:20 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Arnold for Congress

ADDRESS (number and street) PO Box 511 Check if different than previously reported. (ACC) Okeechobee FL 34979-0511

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT C00509885 IS THIS REPORT AMENDED FL 14

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 04 01 2012 through 06 30 2012

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

Type or Print Name of Treasurer Roberta Sumner

Signature of Treasurer Roberta Sumner Date 07 12 2012

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

12030853350

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Arnold for Congress

Report Covering the Period: From:

MM ' DD ' YYYY  
04 ' 01 ' 2012

To:

MM ' DD ' YYYY  
06 ' 30 ' 2012

**COLUMN A**  
This Period

**COLUMN B**  
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e))....

5,765.62

8,038.01

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0.00

0.00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)).....

5,765.62

8,038.01

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

4,738.07

7,702.90

(b) Total Offsets to Operating  
Expenditures (from Line 14).....

0.00

.18

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)).....

4,738.07

7,702.72

8. Cash on Hand at Close of  
Reporting Period (from Line 27).....

4,335.29

9. Debts and Obligations Owed **TO**  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0.00

10. Debts and Obligations Owed **BY**  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

4,000.00

**For further information contact:**

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

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

12030853351

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Arnold for Congress

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012

To:

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**I. RECEIPTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

**11. CONTRIBUTIONS (other than loans) FROM:**

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A) .....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00  
1,730.00  
1,730.00  
0.00  
0.00  
4,035.62  
5,765.62

50,000.00  
1,995.00  
2,495.00  
0.00  
0.00  
5,543.01  
8,038.01

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

- (a) Made or Guaranteed by the Candidate .....
- (b) All Other Loans .....
- (c) TOTAL LOANS (add Lines 13(a) and (b)) .....

0.00  
0.00  
0.00

4,000.00  
0.00  
4,000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

.18

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....**

5,765.62

12,038.19

12030853352

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	4,738.07	7,702.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4,738.07	7,702.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3,307.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5,765.62
25. SUBTOTAL (add Line 23 and Line 24).....	9,073.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4,738.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4,335.29

1203085353

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

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

FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Arnold for Congress**

Full Name (Last, First, Middle Initial) <b>A. Arnold, Joe</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 16 2012</b>
Mailing Address <b>PO Box 1494</b>		Amount of Each Receipt this Period  <b>, 1,237.00</b>
City <b>Okeechobee</b>	State <b>FL</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  <b>, 2,744.39</b>
Name of Employer <b>Indian River State College</b>	Occupation <b>Education</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Arnold, Joe</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>PO Box 1494</b>		Amount of Each Receipt this Period  <b>, 2,100.00</b>
City <b>Okeechobee</b>	State <b>FL</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  <b>, 4,844.39</b>
Name of Employer <b>IRSC</b>	Occupation <b>Education</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Arnold, Joe</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>PO Box 1494</b>		Amount of Each Receipt this Period  <b>, 270.00</b>
City <b>Okeechobee</b>	State <b>FL</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  <b>, 5,114.39</b>
Name of Employer <b>IRSC</b>	Occupation <b>Education</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

12030853354

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
*Arnold for Congress*

A. Full Name (Last, First, Middle Initial) <i>Arnold, Joe</i>		Date of Receipt M M / D D / Y Y Y Y <i>05 31 2012</i>
Mailing Address <i>PO Box 1494</i>		Amount of Each Receipt this Period  <i>, 428.62</i>
City <i>Okeechobee</i>	State Zip Code <i>FL 34973</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period  <i>, 5,543.01</i>
Name of Employer <i>IRSC</i>	Occupation <i>Education</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <i>, 5,543.01</i>	

B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period  <i>, , .</i>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <i>, , .</i>	

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period  <i>, , .</i>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <i>, , .</i>	

SUBTOTAL of Receipts This Page (optional) .....	<i>, , .</i>
TOTAL This Period (last page this line number only) .....	<i>, 4,035.62</i>

12030853355

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

*Arnold for Congress*

Full Name (Last, First, Middle Initial)

A. *East Coast Screen Printing*

Date of Disbursement

*04 / 10 / 2012*

Mailing Address

*2344 Hwy 70 West*

Amount of Each Disbursement this Period

*20522*

City

*Okeechobee*

State

*FL*

Zip Code

*34974*

Purpose of Disbursement

*Campaign materials (shirts)*

*006*

Candidate Name

*Joe Arnold*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL*

District: *16*

Full Name (Last, First, Middle Initial)

B. *Arnold, Joe*

Date of Disbursement

*04 / 16 / 2012*

Mailing Address

*PO Box 1494*

Amount of Each Disbursement this Period

*1,237.00*

City

*Okeechobee*

State

*FL*

Zip Code

*34973*

Purpose of Disbursement

*Signs - Contribution In Kind*

*004*

Candidate Name

*Joe Arnold*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL*

District: *16*

Full Name (Last, First, Middle Initial)

C. *Arnold, Joe*

Date of Disbursement

*04 / 30 / 2012*

Mailing Address

*PO Box 1494*

Amount of Each Disbursement this Period

*210000*

City

*Okeechobee*

State

*FL*

Zip Code

*34973*

Purpose of Disbursement

*Travel/Lodging - Contribution In Kind*

*002*

Candidate Name

*Joe Arnold*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *FL*

District: *16*

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

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

12030853356

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
*Arnold for Congress*

Full Name (Last, First, Middle Initial) A. <i>Arnold, Joe</i>		Date of Disbursement M M / D D / Y Y Y Y <i>05 15 2012</i>
Mailing Address <i>PO Box 1494</i>		Amount of Each Disbursement this Period  <i>, ,270.00</i>
City <i>Okeechobee</i>	State <i>FL</i>	
Zip Code <i>34973</i>		Category/ Type <i>001</i>
Purpose of Disbursement <i>Stamps - Contribution In Kind</i>		
Candidate Name <i>Joe Arnold</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>FL</i> District: <i>16</i>	

Full Name (Last, First, Middle Initial) B. <i>Arnold, Joe</i>		Date of Disbursement M M / D D / Y Y Y Y <i>05 31 2012</i>
Mailing Address <i>PO Box 1494</i>		Amount of Each Disbursement this Period  <i>, ,428.62</i>
City <i>Okeechobee</i>	State <i>FL</i>	
Zip Code <i>34973</i>		Category/ Type <i>001</i>
Purpose of Disbursement <i>Office Supplies - Contribution In Kind</i>		
Candidate Name <i>Joe Arnold</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>FL</i> District: <i>16</i>	

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

SUBTOTAL of Disbursements This Page (optional).....	<i>, , .</i>
TOTAL This Period (last page this line number only).....	<i>, 4,240.84</i>

12030853357

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

*Arnold for Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial)

*Arnold, Joe*

Election:

Primary  
 General  
 Other (specify) ▼

Mailing Address

*P.O. Box 1494*

City

*Okeechobee*

State

*FL*

ZIP Code

*34973*

Original Amount of Loan

*2000.00*

Cumulative Payment To Date

*NONE*

Balance Outstanding at Close of This Period

*2000.00*

TERMS

Date Incurred

*01 / 11 / 2012*

Date Due

*NONE*

Interest Rate

*NONE* % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

*NONE*

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

TOTALS This Period (last page in this line only)..... ▶

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

1203085358

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

*Arnold for Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial)

*Arnold, Joe*

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

*P.O. Box 1494*

City

*Okeechobee*

State

*FL*

ZIP Code

*34973*

Original Amount of Loan

*200000*

Cumulative Payment To Date

*NONE*

Balance Outstanding at Close of This Period

*200000*

**TERMS**

Date Incurred

*03 / 29 / 2012*

Date Due

*NONE*

Interest Rate

*NONE* % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

*NONE*

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

TOTALS This Period (last page in this line only)..... ▶

*400000*

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

1203085359

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

USPS First Class Mail

Postmarked

USPS Registered/Certified

Postmarked (R/C)

7/13/12

USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

7/19/12  
DATE PREPARED

JMW  
PREPARER  
(3/2005)

0955805071