

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 AUG 13 PM 12:02

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

FEC MAIL CENTER

Arnold for Congress

ADDRESS (number and street)

PO Box 511

Check if different than previously reported. (ACC)

Okeechobee

FL

34973-0511

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00509885

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

FL

16

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:

X

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

08

14

2012

in the State of

FL

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2012

through

07

25

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

08

06

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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

12030873403

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Arnold for Congress

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2012

To:

MM / DD / YYYY
07 / 25 / 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))

1,883.92

9,921.93

(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))

1,883.92

9,921.93

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

5,482.36

13,185.26

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

0.00

0.18

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

5,482.36

13,185.08

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

736.85

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

12030873404

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:

MM / DD / YYYY
07 / 01 / 2012

To:

MM / DD / YYYY
07 / 25 / 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).....

1,000.00

1,500.00

(ii) Unitemized.....

883.92

2,878.92

(iii) TOTAL of contributions from individuals ▶

1,883.92

4,378.92

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

5,543.01

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

1,883.92

9,921.93

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

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

4,000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

4,000.00

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

0.00

0.18

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)..... ▶

1,883.92

13,922.11

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	5,482.36	13,185.26
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) ►	5,482.36	13,185.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4,335.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1,883.92
25. SUBTOTAL (add Line 23 and Line 24).....	6,219.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5,482.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	736.85

12030873406

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)

A. *Tindall, Sandra*

Mailing Address

8400 NE 120th Street

City

OKeechobee

State

FL

Zip Code

34974

FEC ID number of contributing federal political committee.

C

Name of Employer

n/a

Occupation

Retired

Receipt For:

Primary

General

Other (specify)

Election Cycle-to-Date

1,000.00

Date of Receipt

07 09 2012

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

1,000.00

12030873407

**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

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Arnold for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. *U.S. Postal Service*

Mailing Address

1000 SR 70 East

City

Okeechobee

State

FL

Zip Code

34972

Purpose of Disbursement

Postage stamps

Candidate Name

Joe Arnold

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *FL*

District: *16*

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. *U.S. Postal Service*

Mailing Address

1000 SR 70 East

City

Okeechobee

State

FL

Zip Code

34972

Purpose of Disbursement

Postage stamps

Candidate Name

Joe Arnold

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *FL*

District: *16*

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. *Staples*

Mailing Address

2609 S. Federal Hwy.

City

Fort Pierce

State

FL

Zip Code

34982

Purpose of Disbursement

Office supplies

Candidate Name

Joe Arnold

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *FL*

District: *16*

Amount of Each Disbursement this Period

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

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

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**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 2 OF 2

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

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

NAME OF COMMITTEE (In Full)
Arnold for Congress

Full Name (Last, First, Middle Initial)

A. **U.S. Postal Service**

Date of Disbursement

Mailing Address
1000 SR 70 East

07 / **09** / **2012**

City **OKeechobee** State **FL** Zip Code **34972**

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage stamps

001

6,750.00

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. **U.S. Postal Service**

Date of Disbursement

Mailing Address
1000 SR 70 East

07 / **10** / **2012**

City **OKeechobee** State **FL** Zip Code **34972**

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage stamps

001

900.00

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. **U.S. Postal Service**

Date of Disbursement

Mailing Address
1000 SR 70 East

07 / **13** / **2012**

City **OKeechobee** State **FL** Zip Code **34972**

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage stamps

001

900.00

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).....

5,162.41

12030873409

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

20,000.00

Cumulative Payment To Date

NONE

Balance Outstanding at Close of This Period

20,000.00

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.

12030873410

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

MM ' DD ' YYYY
03 ' 29 ' 2012

Date Due

MM ' DD ' YYYY
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.

12030873411

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)
8/7/12

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

[Handwritten Signature]

PREPARER
(3/2005)

8/13/12

DATE PREPARED

12030873412