## 12030711526

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	LEO LIVIE OF		
Arnold for Congress						
ADDRESS (number and street)	P.O. Box 511					
(Check if address is changed)	Okeechobee		FL 34	1973 <sub>-</sub> 0511		
	C	CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRES	S (Please provide only one e-r	mail address)				
(Check if address	jjoearnold@ao	l.com				
is changed)		1 1 1 1 1 1 1 1				
COMMITTEE'S WEB PAGE ADD						
(Check if address	www.arnoldfor	congress.com				
is changed)						
2. DATE 01 <sup>M</sup> / 11 <sup>B</sup> / 2012 Y						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined this Statement 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 Date 01 <sup>M</sup> 11° 2012						
NOTE: Submission of false, errorreous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further information co Federal Election Commissio Toti Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

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TYPE OF C	<del></del>	
· ·	Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
Name of Candidate	Joe Arnold	
Candidate Party Affiliati	on REP Office Nouse Senate President	State FL
rarty Ailliau	on REP Sought: X House Senate President	District 16
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		111111
Party Con	nmittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
		•
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(n)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify aponsor on line 6.)	
Joint Fund	fraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	
<del></del>		
Corr	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
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Section	

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Write or Type Committee		
Arnold for C	ongress	
. Name of Any Conn	ected Organization, Affiliated Committee, Joint Fundralsing Representative,	or Leadership PAC Sponsor
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
	SIN SINE	Z., 000L
Relationship:	onnected Organization Affiliated Committee Joint Fundralsing Representa	tive Leadership PAC Sponse
Full Name  Mailing Address	Oberta Sumner P.O. Box 511 Okeechobee	[34973 , ] <sub>-</sub> [051,1 ,
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	3
	ame and address (phone number optional) of the treasurer of the committee; t (e.g., assistant treasurer).	and the name and address of
Full Name of Treasurer	oberta Sumner	
Mailing Address	PO Box 51,1	
	Okęechobee FL	349730511
Title or Position	CITY STATE  Telephone number   86	ZIP CODE 3,  _ 763,  _ 4598 ,

9.

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Full Name of Designated Agent Melis	sa Arnold			
Malling Address	PO Box 511	11.1.1		
	Okeechobee city	STATE	34973   - 0511   ZIP CODE	
Title or Position  [Assistant Treasure	Telephon	e number [863	3,[357,[6507,	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.				
Cente	er State Bank	11111		
Mailing Address	1611 South Parrott Avenue			
	Okeechobee	I FL_	34974	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository,	etc.			
لبينا				
Mailing Address				
	CITY	STATE	ZIP CODE	

## **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. **Date of Receipt** Hand Delivered Postmarked, **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked** Other (Specify):