

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		20190302		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: ARNOLD, DAVE FRIENDS OF												
Street Address: 178 COBBLESTONE DR.												
City: LEBANON						State: PA			Zip Code: 17042			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2020	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
SENATOR IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	48	STS	REP	38
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	24	2020		12	31	2020				
A. Amount Brought Forward From Last Report						\$ 22,906.65						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 15,269.12						
C. Total Funds Available (Sum Of Lines A and B)						\$ 38,175.77						
D. Total Expenditures (From Schedule III)						\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 38,175.77						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
ARNOLD, DAVE FRIENDS OF	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 625.00
All Other Contributions (Part B)	\$ 300.00
TOTAL for the Reporting Period (2)	\$ 925.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 11,500.00
All Other Contributions (Part D)	\$ 2,650.00
TOTAL for the Reporting Period (3)	\$ 14,150.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 194.12

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 15,269.12
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate ARNOLD, DAVE FRIENDS OF	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee Young Republicans of Lebanon County			MO	DAY	YEAR	\$ 250.00
Mailing Address 9th & Cumberland St			11	24	2020	
City Lebanon	State PA	Zip Code (Plus 4) 17042				

Full Name of Contributing Committee Better Pennsylvania PAC			MO	DAY	YEAR	\$ 150.00
Mailing Address 121 State St			11	24	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee Better Pennsylvania PAC			MO	DAY	YEAR	\$ 225.00
Mailing Address 121 State St			11	24	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17101				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 625.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
 \$50.01 to \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate ARNOLD, DAVE FRIENDS OF	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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DATE	AMOUNT
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Full Name of Contributor Amerman, Ginder & Co, LLC			MO	DAY	YEAR	\$ 150.00
Mailing Address 205 Narrows Dr			11	24	2020	
City Lebanon	State PA	Zip Code (Plus 4) 17046				

Full Name of Contributor Wertz Orthodontics, LLC			MO	DAY	YEAR	\$ 150.00
Mailing Address 855 Norman Dr			11	24	2020	
City Lebanon	State PA	Zip Code (Plus 4) 17042				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 300.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate ARNOLD, DAVE FRIENDS OF	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
Cohen & Grigsby PC				11	24	2020	
Mailing Address 625 Liberty Ave							
City Pittsburgh	State PA	Zip Code (Plus 4) 15222					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
FIRST PAC (PA ASSN COMMUNITY BANKERS)				11	24	2020	
Mailing Address 3211 N FRONT ST, SUITE 102							
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,500.00
MSOA PAC				11	24	2020	
Mailing Address 200 RACETRACK RD PO BOX 253							
City MEADOW LANDS	State PA	Zip Code (Plus 4) 15347					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,500.00
PA HBPA PAC				11	24	2020	
Mailing Address 777 Hollywood Blvd							
City Grantville	State PA	Zip Code (Plus 4) 17028					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
PENN NATIONAL GAMING INC POLITICAL ACTION COMMITTEE				11	24	2020	
Mailing Address 825 BERKSHIRE BLVD SUITE 200							
City WYOMISSING	State PA	Zip Code (Plus 4) 19610					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
Pennsylvania Horsebreeder's Association Inc				11	24	2020	
Mailing Address 701 E Baltimore Pike Ste E							
City Kennett Square	State PA	Zip Code (Plus 4) 19348					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 2,500.00
PA-THA-PAC			11	24	2020	
Mailing Address P.O. Box 300						
City Bensalem	State PA	Zip Code (Plus 4) 19020				

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,500.00
PHHA PAC				11	24	2020	
Mailing Address		1001 HARRAHS RD					
City	CHESTER	State	PA	Zip Code (Plus 4)		19013	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
STANDARD BRED BREEDERS ASSOC OF PA PAC			11	24	2020	
Mailing Address P O BOX 339 ROUTE 194 SOUTH						
City HANOVER	State PA	Zip Code (Plus 4) 17331				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	11,500.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate ARNOLD, DAVE FRIENDS OF	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE	AMOUNT
Full Name of Contributor Bryan Wehler				MO	\$ 500.00
Mailing Address 504 David Dr				DAY	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17050		YEAR 2020	
Employer Name Self				Occupation Business owner	
Employer Mailing Address/Principal Place of Business 504 David Dr			City Mechanicsburg	State PA	Zip Code (Plus 4) 17050
Full Name of Contributor Cindy Shay				MO	\$ 500.00
Mailing Address 135 Quail Ln				DAY	
City Lebanon	State PA	Zip Code (Plus 4) 17042		YEAR 2020	
Employer Name Self				Occupation Business owner	
Employer Mailing Address/Principal Place of Business 300 E. Cumberland St			City Lebanon	State PA	Zip Code (Plus 4) 17042
Full Name of Contributor Erin Horst				MO	\$ 1,000.00
Mailing Address 122 Cobblestone Dr				DAY	
City Lebanon	State PA	Zip Code (Plus 4) 17042		YEAR 2020	
Employer Name Self				Occupation Business owner	
Employer Mailing Address/Principal Place of Business 105 N Chapel St			City Lebanon	State PA	Zip Code (Plus 4) 17046
Full Name of Contributor Steven Gable				MO	\$ 650.00
Mailing Address 114 Cornwall Hills Dr				DAY	
City Lebanon	State PA	Zip Code (Plus 4) 17042		YEAR 2020	
Employer Name Self				Occupation Business owner	
Employer Mailing Address/Principal Place of Business 500 S 9th St			City Lebanon	State PA	Zip Code (Plus 4) 17042

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2,650.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate ARNOLD, DAVE FRIENDS OF	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 194.12
Amanda Lamson				11	24	2020	
Mailing Address 137 Valley View Pl							
City	Lebanon	State	PA	Zip Code (Plus 4)	17042		
Receipt Description Cash contributions under \$50 each.							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 194.12

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
ARNOLD, DAVE FRIENDS OF		From: <u>11/24/2020</u> To: <u>12/31/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From _____ To: _____
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				DATE	AMOUNT
To Whom Paid			MO	DAY	YEAR
Mailing Address					\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL \$ 0.00

