Campaign Finance Report

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

Filer Identificati Number :	on 2019	0302			Rep File			CA	NDI	DATE		COM	AITTEE	~	LUB	D1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		ARNO	OLC), DA\	/E FR	RIEN	DS OF							
Street Address:	178 COBBLES	TONE D	DR.														
City:	LEBANON							State	e:	PA			Zip Cod	de: 1	7042		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA		P	POST-	3.		AMENDM REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	
report type)	ANNUAL REPORT	7. X	Year 2021				FILIN	IG ME					PAPER		\mathbf{V}	DISKE	TTE
Name of Office S	ought by Candida	te:						DAT	ΈΟ	F ELEC	CTIO	N	District Number	Office Code	Pai	rty Code	County Code
								МО		DAY	YE	AR			REF)	38
									11		2	2021		(SEE I	NSTRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	ΥI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	rrom:		1 1	2	021	Т	0		12	(3)	1	2021					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				38,	175.77					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	1 Sche	dule	I)	\$					0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				38,1	175.77					
D. Total Expend	ditures (From Scho	edule II	I)				\$				38,1	.75.77					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$					0.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II))	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			'		
							ΓSE										
I swear (or affirm)	that this report, incl		_							-		_		f my kno	wledge	and beli	ef , true
correct and comple	cribed before me this	.										lanatura	of Perso	n Gubmi	tting Bo	nort	
	day of		_ 20									ngnature	or reiso	ii Subiiii	ttilig Ke	, por t	
	Signatu	re					-						Prin	ted Nam	ie		
My Commission Ex	·						_		'				Ema				
	МО		AY	YR							a Coc	le	Daytim	e Telep	hone Nu	mber	
	a report of a cand					•				_				6	l 2 1	027 (0.1	1222
No 320) as amende	ed.	iy knowi	eage and ben	ier this	ропп	Cai	comm	ittee r	ias n	ot violat	eu an	y provis	ions or th	e act or .	June 3,1	937 (P.L	1333,
Sworn to and subsc	ribed before me this day of		20									S	ignature (of Candi	date		
			_				-						Printe	d Name			
My Commission Exp	Signature ires												Ema	il			
	мо	D	AY	YR	1		•			Area	Code		D	aytime '	Telephoi	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ARNOLD, DAVE FRIENDS OF	From:	1/1/202	<u>1</u> To:	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	y Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Candida	e		Repo	rting F	Period			
			From	ı:		То	ŀ	
		·			DATE			AMOUNT
Full Name of Contributing Committee			N	мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

PAGE TOTAL
0.00

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

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.

Name of Filing Commi	ttee or Candidate		Rep	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)				Ĭ		

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			Reporting	Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	0.00

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		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	0.00

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>1/1/2021</u> To:	12/31/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
ARNOLD, DAVE FRIENDS OF	From	1/1/2021	То:	12/31/2021

				DATE			AMOUNT						
To Whom Paid			МО	DAY	YEAR								
Friends of Jake Corman													
Mailing Address PO Box 41	2		5	5	2021	\$	10,000.00						
City Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure								
	PA	17108	Donatio	n									
To Whom Paid			МО	DAY	YEAR								
Friends of Jeffrie Marley													
Mailing Address 325 Timber	er Blvd		5	5	2021	\$	1,000.00						
City Lebanon	State	Zip Code (Plus 4)	Description of Expenditure										
	PA	17042	Donatio	n									
To Whom Paid			мо	DAY	YEAR								
Baker for Senate			1-10	J	12/110								
Mailing Address PO Box 59			10	8	2021	\$	1,500.00						
City Lehman	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure								
	Donatio	n											
To Whom Paid			мо	DAY	YEAR								
House Republican Campaign	Committee												
Mailing Address PO Box 11	787		10	19	2021	\$	1,000.00						
City Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure								
	PA	17108	Donatio	n									
To Whom Paid			МО	DAY	YEAR								
NFIB PA PAC			1-10	J	12/110								
Mailing Address 225 State	Street B		12	1	2021	\$	24,654.77						
City Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure								
	PA	17101	Donatio	n									
To Whom Paid			МО	DAY	YEAR								
JBT			1.10										
Mailing Address 1765 Quer	ntin Rd		12	1	2021	\$	21.00						
City Lebanon	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•							
	PA	17042	Bank fe	es									
							PAGE TOTAL						
Enter Grand Total of Exper	iditures on Page 1, Re	port Cover Page, Item D).			\$	38,175.77						
							,						