

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Harold C. Arnold
Name
(2) 330 E. Bay Street, #303, Jacksonville, FL 32202
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): County Court Judge Group 12

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2006 To 8/10/2006 / Report Type TR

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary
Expenditures \$ 0.00

Transfers to Office
Account \$ 0.00

Total
Monetary \$ 0.00

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 9,875.00

(10) TOTAL Monetary Expenditures To Date

\$ 9,875.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Harold C. Arnold (2) I.D. Number 39

4/1/2006 8/10/2006

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Harold C. Arnold

(2) I.D. Number 39

(3) Cover Period 4/1/2006 through 8/10/2006

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
7/12/2006 / /	Special Olympics, Jacksonville, FL	contribution	DI		\$2,000.00
1					
7/12/2006 / /	The Bridge of NE Florida, Jacksonville, FL	contribution	DI		\$1,500.00
2					
7/12/2006 / /	Sigma Alpha Epsilon, Jacksonville, FL	contribution	DI		\$500.00
3					
7/12/2006 / /	Dreams Come True, Jacksonville, FL	contribution	DI		\$500.00
4					
7/12/2006 / /	Cash, Jacksonville, FL	campaign expenditures	DI		\$500.00
5					
7/12/2006 / /	United Way, Jacksonville, FL	contribution	DI		\$22.00
6					
/ /					
/ /					