

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

(1) Richard Stanley Knight  
Name  
(2) 827 8th AVE N.  
Address (number and street)  
Jacksonville Beh FlA 32250  
City, State, Zip Code



CHECK IF ADDRESS HAS CHANGED (3) ID Number: N/A

(4) Check appropriate box(es):  
 Candidate (office sought): City Council Member, District # 3, Seat # 6  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 12/01/13 To 12/31/13 Report Type M 12  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 500<sup>00</sup>  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 57<sup>94</sup>

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 1100<sup>00</sup>

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_

**(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.  
STEVEN D. HART KEMEYER  
 (Type name)  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
[Signature]  
 Signature

I certify that I have examined this report and it is true, correct, and complete.  
Richard S. Knight  
 (Type name)  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
[Signature]  
 Signature



**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Richard Stanley Knight

(2) I.D. Number N/A

(3) Cover Period 12 / 01 / 2013 through 12 / 31 / 2013

(4) Page 1 of     

(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
(6) Sequence Number					
/ /	NONE				
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