

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

**OFFICE USE ONLY  
RECEIVED**

**JAN 08 2014**

**City Clerk**

(1) Richard Stanley Knight  
Name  
(2) 827 8th AVENUE  
Address (number and street)  
JACKSONVILLE Bch, FLA 32250  
City, State, Zip Code

(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 M12

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 \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

(8) Other Distributions \$ 0

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

(10) TOTAL Monetary Expenditures To Date  
\$ 5794

**(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. HARTKEMEYER  
(Type name)  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** [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)

**X** [Signature]  
Signature

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

(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) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
12, 18, 13	FIONA STRAHERN 3701 DUVAL DR JAX FL 32250	I	Apartment rentals	CHK			\$500 <sup>00</sup>
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**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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