CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) W. Alan Knight	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1200268]						
(2) 5649 Beech Street	Submitted on:						
Address (number and street) Zephyrhills, FL 33542	2/25/2020 21:20:00 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:1188						
(4) Check appropriate box(es):							
Candidate Office Sought: Zephyrhills	City Council, Seat 2						
Political Committee (PC)							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>2</u> / <u>1</u> / <u>202</u> 0 To	2 / 29 / 2020 Report Type: <u>M2</u>						
⊠ Original	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , , , 000	Expenditures \$ , , 0 . 00						
\$ 0.00	Tarafaala						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to           Office Account         \$,,						
Total Monetary \$ , , 0.00	· · · · · · · · · · · · · · · · · · ·						
	Total Monetary \$ , , 0 . 00						
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>100</u> . <u>00</u>	\$,, 10000						
(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)	(Type name)						
or electioneering comm.)							
X	X						
∧ Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name		(2) I.D. Number						
	2/1/2020			/29/2020		-	0	
(3) Cover Perio	od / /	thro	bugh	<i>ll</i>	(4) Page	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1								
1 1								
/ /	_							
1 1								
1 1	-							
1 1								
/ /	-							
/ /								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>W. A</u>			D EXPENDIT (2) I.D. Number	1188	
(3) Cover Period	2/1/2020 1/ _/through_	2/29/2020 //	(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
2/23/2020 1	Plant City First Church of God, 601 N. Gordon Street Plant City, FL 33563	non profit donation to close account	DI		\$34.50
_/ /					
_/ /					
_ / /					
_ / _					
_ / _					
_ / /					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES