CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Knute J. Nathe	OFFICE USE ONLY						
Name	ONLINE SUBMISSION						
(2) <u>36150 Markree Castle Avenue</u>	Submitted on:						
Address (number and street) Dade City, FL 33525	9/29/2020 09:28:38 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>1209</u>						
(4) Check appropriate box(es):							
X Candidate Office Sought: DC City Commission Group 4 Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed							
(5) Report Identifiers							
Cover Period: From <u>6</u> / <u>26</u> / <u>2020</u> To	9 / <u>28</u> / <u>2020</u> Report Type: <u>TRJG</u>						
🗌 Original 🛛 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , , 0 . 00						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,0 00						
Total Monetary \$	Total Monetary \$, , , 0 . 00						
······································	(8) Other Distributions						
	\$,,,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>2</u> , <u>880</u> . <u>00</u>	\$, <u>2</u> _, <u>880</u> . <u>00</u>						
(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)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number					
6/26/2020			9/28/2020						
(3) Cover Perio	od / /	thro	bugh	<i>ll</i>	(4) Page	•	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	Co	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	-								
1 1	_								
1 1	_								
/ /	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Knut	CAMPAIGN TREASURER'		2) I.D. Number		1209	
(3) Cover Perio	6/26/2020 d//through	9/28/2020 //	(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	
7/24/2020	Pasco Co Supervisor Elections, 14236 6th St #200 Dade City, FL 33523	refund of sign bond	МО	Delete	\$-100.00	
7/24/2020 / / 2	City of Dade City, 38020 Meridian Ave Dade City, FL 33525	refund of sign bond	МО	Add	\$-100.00	
//						
_/ /						
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES