CITY OF COLORADO SPRINGS

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person:	Don Knight For D1

As Shown On Registration

Address of Committee/Person:	435 Guyout Ridge Ct
City, State & Zip Code:	Colorado Springs, CO 80919
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	First Bank 817 Village Center Dr. 80919

Type of Report

☒ Regularly Scheduled Filing.

☐ Amended Filing. This amends previous report filed on (date) _____
Submit changes or new information ONLY

☐ Final Filing.

Reporting Period Covered: 9 January 2013 (Date) **Through** 26 January 2013 (Date)

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	$ 0.00
2	Total Monetary Contributions (line 11)	$ 1,500.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 1,500.00
4	Total Spending (line 20)	$ 0.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 1,500.00

Authorization (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief the information or statements on this form, including all schedules, statements, and attachments, are true and correct, and that to the best of my knowledge or belief all contributions received during this reporting period including any contributions received in the form of membership dues transferred by a membership organization are from permissible sources.

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Don Knight

Candidates Signature: _____ Date: 31 Jan 13

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CITY CLERK'S OFFICE

DETAILED SUMMARY

Full Name of Committee/Person: Don Knight For D1

Current Reporting Period: 9 January 2013 Through: 26 January 2013

	Funds on hand at the beginning of reporting period (Monetary Only)	$ 0.00
6	**Itemized Contributions $20 or More** (Please list on Schedule "A")	$ 0.00
7	**Total of Non-Itemized Contributions** ($19.99 or Less) (Number of Contributions of $19.99 or Less 0)	$ 0.00
8	**Loans Received** (Please list on Schedule "C")	$ 1,500.00
9	**Total of Other Receipts** (Interest, Dividends, etc.)	$ 0.00
10	**Returned Expenditures (from recipient)** (Please list on Schedule "D")	$ 0.00
11	**Total Monetary Contributions** (Total of lines 6 through 10)	$ 1,500.00
12	**Total Non-Monetary Contributions** (from Statement of Non-Monetary Contributions)	$ 131.95
13	**Total Contributions** (Line 11 + line 12)	$ 1,631.95
14	**Itemized Expenditures $20 or More** (Please list on Schedule "B")	$ 0.00
15	**Total of Non-Itemized Expenditures** (Expenditures of $19.99 or Less)	$ 0.00
16	**Loan Repayments Made** (Please list on Schedule "C")	$ 0.00
17	**Returned Contributions (To donor)** (Please list on Schedule "D")	$ 0.00
18	**Closeout Distributions** (Balance must be zero. Please attach Schedule E.)	$ N/A
19	**(Intentionally left Blank)**	$
20	**Total Spending** (Lines 14 through 17)	$ 0.00

Schedule A-1 - Itemized Contributions Statement ($20 or More)

Full Name of Committee/Person: Don Knight For D1

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Name (Last, First): N/A
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Accepted: _____
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: $_____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Accepted: _____
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: $_____

Schedule A-1 Itemized Contributions Statement ($20 or more)
Page 1 of 1
Use additional pages as necessary

Schedule A-2 - Statement of Non-Monetary Contributions

Full Name of Committee/Person: Don Knight For D1

PLEASE PRINT/TYPE

1. Name (Last, First): Liz Anderson
2. Address: 2345 Academy Place, Suite 222
3. City/State/Zip: Colorado Springs, CO, 80909
4. Description: Name Tag
5. Employer (mandatory if employed): Proforma Peak Marketing
6. Occupation (mandatory if employed): Advertising
7. Date Provided: 1/9/2013
8. Aggregate Amount: $7.50
9. Fair Market Value: $ $7.50

1. Name (Last, First): Don Knight
2. Address: 435 Guyout Ridge Ct
3. City/State/Zip: Colorado Springs, CO, 80919
4. Description: Personal Car Use – 104.1 miles at $0.555/mile
5. Employer (mandatory if employed): Retired
6. Occupation (mandatory if employed): Candidate
7. Date Provided: 1/19/2013 through 1/26/2013
8. Aggregate Amount: $57.78
9. Fair Market Value: $ $57.78

Schedule A-2 - Statement of Non-Monetary Contributions

Full Name of Committee/Person: Don Knight For D1

PLEASE PRINT/TYPE

1. Name (Last, First): Don Knight
2. Address: 435 Guyout Ridge Ct
3. City/State/Zip: Colorado Springs, CO, 80919
4. Description: Food for Committee Meetings
5. Employer (mandatory if employed): Retired
6. Occupation (mandatory if employed): Candidate
7. Date Provided: 1/19/2013 through 1/26/2013
8. Aggregate Amount: $124.45
9. Fair Market Value: $ $66.67

1. Name (Last, First):
2. Address:
3. City/State/Zip:
4. Description:
5. Employer (mandatory if employed):
6. Occupation (mandatory if employed):
7. Date Provided:
8. Aggregate Amount:
9. Fair Market Value: $

Schedule B – Itemized Expenditures Statement ($20 or more)

Full Name of Committee/Person: Don Knight For D1

PLEASE PRINT/TYPE

1. Name: N/A
2. Address:
3. City/State/Zip:
4. Purpose of Expenditure:
5. Date Expended:
6. Amount: $

1. Name:
2. Address:
3. City/State/Zip:
4. Purpose of Expenditure:
5. Date Expended:
6. Amount: $

1. Name:
2. Address:
3. City/State/Zip:
4. Purpose of Expenditure:
5. Date Expended:
6. Amount: $

Schedule C - Loans

Full Name of Committee/Person: Don Knight For D1

LOAN SOURCE

Name (Last, First or Institution): Don Knight

Address: 435 Guyout Ridge Ct

City/State/Zip: Colorado Springs, CO 80919

Original Amount of Loan: $ $1,500.00 Interest Rate: 0.00%

Loan Amount Received This Reporting Period: $1,500.00

Total of All Loans This Reporting Period: $ 1,500.00
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: $ 0.00

Interest Amount Paid This Reporting Period: $ 0.00

Amount Repaid This Reporting Period: $ 0.00
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: $ 0.00
(Sum of Schedule C pages. Place on line 16 of Detailed Summary)

Outstanding Balance: $ 1,500.00

TERMS OF LOAN: 1/22/2013 (Date Loan Received) 5/2/2013 (Due Date for Final Payment)

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Use additional pages as necessary

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Don Knight For D1

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. Name (Last, First): N/A
2. Address: _____
3. City/State/Zip: _____
4. Purpose: _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: $

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Purpose: _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: $

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Purpose: _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: $ _____