

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
KNISS LIZ H.

**1. Office, Agency, or Court**

Agency Name  
Santa Clara County Board of Supervisors  
Division, Board, Department, District, if applicable  
District 5  
Your Position  
Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: See attached one page list. Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of Santa Clara  
 City of \_\_\_\_\_  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
The period covered is \_\_\_\_\_, through December 31, 2010.  
 Assuming Office: Date \_\_\_\_\_  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."  
► Total number of pages including this cover page: 7  
 Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
 None - No reportable interests on any schedule

**5. Verification**

[Redacted Signature Area]

Date Signed March 21, 2011  
(month, day, year)

Signature

**California 2010/2011 Form 700  
Fair Political Practices Commission**

**Cover Sheet Attachment  
Annual Office Statement**

**Filer: Liz Kniss**

*Expanded Statement – List Agency/Position:*

*Santa Clara County Local Agency Formation Commission -- Delegate  
West Valley Sanitation District, Alternate  
El Camino Hospital District Hospital Facilities Authority, Delegate*







**SCHEDULE D  
 Income – Gifts**

▶ NAME OF SOURCE  
 CA State Association of Counties (CSAC)  
 ADDRESS (Business Address Acceptable)  
 1100 K Street, Suite 101, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Association of County Governments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 1 / 10	\$ 96.18	Crystal Statue
	\$	
	\$	

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <p align="center">KNISS, LIZ</p>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE  
CA State Association of Counties (CSAC)  
 ADDRESS (Business Address Acceptable)  
1100 K Street, Suite 101  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Association of County Governments  
 DATE(S): 1 / 1 / 10 - 12 / 31 / 10 AMT: \$ 622.83  
(If applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Meals & travel provided as a member of the CSAC Board of Directors.

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_