

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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2011 MAR - 1 PM 5:44

BY: PG

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Knight Stephen Thomas

1. Office, Agency, or Court

Agency Name
California State Assembly
Division, Board, Department, District, if applicable Your Position
36th District Assemblyman

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

Agency: _____ Position: _____

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

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

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

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

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 9

- 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



herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-1-11 Signature _____
(month, day, year)

**SCHEDULE D
 Income – Gifts**

Name
Steve Knight

▶ NAME OF SOURCE
California Tribal Business Alliance
 ADDRESS (Business Address Acceptable)
1530 J Street, Suite 400 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Tribal Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 12 / 10</u>	\$ <u>92.68</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Rio Tinto Minerals
 ADDRESS (Business Address Acceptable)
PO Box 6609 Englewood, CO 80155
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Forestry/Mining

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 12 / 10</u>	\$ <u>16.74</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
California Cattlemen's Association
 ADDRESS (Business Address Acceptable)
1221 H Street, Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 23 / 10</u>	\$ <u>25.00</u>	<u>Breakfast</u>
<u>3 / 23 / 10</u>	\$ <u>20.00</u>	<u>Hat</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Pacific Gas and Electric Company
 ADDRESS (Business Address Acceptable)
1415 L Street, Suite 172, Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 29 / 10</u>	\$ <u>27.93</u>	<u>Transportation & Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
California State Floral Association
 ADDRESS (Business Address Acceptable)
1521 I Street, Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 23 / 10</u>	\$ <u>16.95</u>	<u>Floral Arrangement</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
California Rice Commission
 ADDRESS (Business Address Acceptable)
8801 Folsom Blvd, Suite 172, Sacramento CA 95826
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 1 / 10</u>	\$ <u>28.71</u>	<u>Gift Box</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Steve Knight

▶ NAME OF SOURCE
Personal Care Products Council
 ADDRESS (Business Address Acceptable)
1101 17th St, NW, Suite 300, Washington, DC 20036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consumer Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 7 / 10</u>	\$ <u>49.19</u>	<u>Hygiene Products</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Roll International Corporation and Affiliates
 ADDRESS (Business Address Acceptable)
11444 W. Olympic Blvd., Los Angeles, CA 90064
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Grocery Retail Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 10</u>	\$ <u>12.00</u>	<u>Holiday Gift Box</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Assemblyman John Perez
 ADDRESS (Business Address Acceptable)
777 S Figueroa St, Ste 4050 Los Angeles CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	\$ <u>110.00</u>	<u>Leather Portfolio</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
California Grape and Tree Fruit League
 ADDRESS (Business Address Acceptable)
978 W. Alluvial, Ste 107, Fresno CA 93711
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 25 / 10</u>	\$ <u>15.00</u>	<u>Gift Box</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Assemblywoman Connie Conway
 ADDRESS (Business Address Acceptable)
157 E. Merritt Ave, Tulare, CA 93274-1909
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 24 / 10</u>	\$ <u>28.47</u>	<u>Popcorn Gift Bucket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
California Citrus Mutual
 ADDRESS (Business Address Acceptable)
512 N. Kaweah Ave, Exeter CA 93221-1200
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 12 / 10</u>	\$ <u>8.50</u>	<u>Oranges</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Steve Knight

▶ NAME OF SOURCE
Minorities in Law Enforcement
ADDRESS (Business Address Acceptable)
925 L Street, Ste 850, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 10</u>	<u>\$ 395.00</u>	<u>Round of Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Correctional Peace Officers Association
ADDRESS (Business Address Acceptable)
755 Riverpoint Drive, West Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 50.00</u>	<u>Spa Bag</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Crime Victim's United
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 410, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 10</u>	<u>\$ 72.00</u>	<u>Golf Balls</u>
<u>7 / 24 / 10</u>	<u>\$ 290.00</u>	<u>Round of Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Coalition for a Safer California
ADDRESS (Business Address Acceptable)
1020 12th Street, Suite 408, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 115.00</u>	<u>Jacket</u>
<u>7 / 24 / 10</u>	<u>\$ 150.00</u>	<u>Gift Box</u>
<u>7 / 24 / 10</u>	<u>\$ 25.00</u>	<u>Golf Glove</u>

▶ NAME OF SOURCE
California Correctional Peace Officers Association
ADDRESS (Business Address Acceptable)
755 Riverpoint Drive, West Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 100.00</u>	<u>Golf Bag</u>
<u>7 / 24 / 10</u>	<u>\$ 121.00</u>	<u>(2) Golf Clubs</u>
<u>7 / 24 / 10</u>	<u>\$ 55.00</u>	<u>Blanket</u>

▶ NAME OF SOURCE
Coalition for a Safer California
ADDRESS (Business Address Acceptable)
1020 12th Street, Suite 408, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 60.00</u>	<u>Wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Steve Knight

▶ NAME OF SOURCE
Lilly USA
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1500, Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 363.00</u>	<u>(6) Golf Clubs</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
California Manufacturers & Technology Association
 ADDRESS (Business Address Acceptable)
1115 11th Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Manufacturing and Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 10</u>	<u>\$ 368.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
California Outdoor Sporting Caucus
 ADDRESS (Business Address Acceptable)
1600 Sacramento Inn Wy Ste 232 Sacramento 95815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wildlife Management and Preservation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 11 / 10</u>	<u>\$ 24.10</u>	<u>Trap Shooting/Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

Name
Steve Knight

- 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
California Independent Voter Project
 ADDRESS (Business Address Acceptable)
2350 Kerner Blvd, Suite 250
 CITY AND STATE
San Rafael, CA 94901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Social Welfare, IRC 501 (c) (4) organization
 DATE(S): 11 / 14 / 10 - 11 / 18 / 10 AMT: \$ 2027.97
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Lodging accommodations and meals*

▶ 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
Governor's Cup Foundation, Inc.
 ADDRESS (Business Address Acceptable)
1415 L Street, Suite 410
 CITY AND STATE
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 7 / 23 / 10 - 7 / 24 / 10 AMT: \$ 2095.00
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Lodging accommodations and meals*

▶ 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: *Accommodations, meals and beverages are gifts in connection with making a speech, which is not subject to gift limits.

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APR 7 2011

BY: [Signature]

EB

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Antelope Valley Hospital (Lilian Knight)

ADDRESS (Business Address Acceptable)
1600 W Avenue J, Lancaster, CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

YOUR BUSINESS POSITION
Registered Nurse - Spouse

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
APR 11 PM 3:42

Comments: _____

2. LOAN RECEIVED

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 _____% None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Verification

Print Name Stephen Knight Office, Agency or Court California State Assembly

Statement Type 2010/2011 Annual 10 Annual Assuming Leaving Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 7, 2011 Signature [Signature]
(month, day, year) (d)(5)

COMMITTEES
NATURAL RESOURCES, VICE CHAIR
PUBLIC SAFETY, VICE CHAIR
LOCAL GOVERNMENT
RULES
UTILITIES AND COMMERCE

Assembly
California Legislature



STEVE KNIGHT
ASSEMBLYMAN, THIRTY-SIXTH DISTRICT

STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0036
(916) 319-2036
FAX (916) 319-2136

DISTRICT OFFICES
41319 12TH STREET W., SUITE 105
PALMDALE, CA 93551
(661) 267-7636
FAX (661) 267-7736

VICTORVILLE CITY HALL
14343 CIVIC DRIVE
VICTORVILLE, CA 92392
(760) 843-8045
FAX (760) 843-8396

2011 MAR -1 PM 5:44

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the calendar year. The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.

3-1-11

