CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2013 FEB 27 PM 3:19

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
California State Legislature

Division, Board, Department, District, if applicable: Assembly

Your Position: Assemblyman

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

Agency: _____ Position: _____

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ____/____/_____, through December 31, 2012.
- [ ] **Assuming Office:** Date assumed ____/____/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ____/____/_____ *(Check one)*
  - ○ The period covered is January 1, 2012, 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:* _____

- [ ] **Schedule A-1** - *Investments* - schedule attached
- [ ] **Schedule A-2** - *Investments* - schedule attached
- [x] **Schedule B** - *Real Property* - schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* - schedule attached
- [x] **Schedule D** - *Income - Gifts* - schedule attached
- [x] **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

I certify under penalty of perjury under the laws of the State of California tha

Date Signed 2/25/13 (month, day, year) **Signatu**

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Knight

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
40545 Pinnacle Way

CITY
Palmdale, CA 95331

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
- ☑ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold ____ Yrs. remaining
- ☐ ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
Glen Gilliard

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold ____ Yrs. remaining
- ☐ ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE ____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE ____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Knight

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Antelope Valley Hospital

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

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 _____ *(Real 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 _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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
_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: This income is received by spouse, Lilian Knight

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
John A. Perez for Assembly 2012
ADDRESS (Business Address Acceptable)
777 S. Figueroa #4050 Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 04 / 12	$ 39	Engraved Box
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
California Tribal Business Alliance
ADDRESS (Business Address Acceptable)
1530 J Street, Suite 410, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 12	$ 33	Back to Session Bash
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
California Business Properties Association
ADDRESS (Business Address Acceptable)
1121 L Street, Suite 809, Sacramento, Ca 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commercial Real Estate Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 12	$ 7	Back to Session Bash
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Pechanga Band of Luiseno Indians
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 410, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 12	$ 10	Back to Session Bash
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Chukchansi Economic Development Authority
ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg C, Coarsegold, CA 93614
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 12	$ 9	Back to Session Bash
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Council for Legislative Excellence
ADDRESS (Business Address Acceptable)
2150 River Plaza Dr, Ste 150, Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)4 nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 12	$ 91	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Jim Lacy
ADDRESS (Business Address Acceptable)
30011 Ivy Glenn Dr Ste 223 Laguna Niguel 92677
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/30/12	$ 180	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
California Rice Commission
ADDRESS (Business Address Acceptable)
1231 I St Ste 201, Sacramento Ca 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/06/12	$ 32	Gift Box
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
California Citrus Mutual
ADDRESS (Business Address Acceptable)
512 North Kaweah Ave, Exeter CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/20/12	$ 9	Box of Oranges
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
California New Car Dealers Association
ADDRESS (Business Address Acceptable)
1415 I Street, Suite 700 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Automobile Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/20/12	$ 93	Dinner Reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
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)
03/21/12	$ 17	Floral Bouquet
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
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)
03/21/12	$ 30	Breakfast
03/21/12	$ 20	Hat
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
California Association of Realtors
ADDRESS (Business Address Acceptable)
525 South Virgil Ave, Los Angeles, CA 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 12	$ 49	Dinner Reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
California Correctional Peace Officers Association
ADDRESS (Business Address Acceptable)
755 Riverpoint Dr., W. Sacramento CA 95805
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	$ 379	Golf
11 / 12 / 12	$ 42	Dinner
/ /	$	

► NAME OF SOURCE (Not an Acronym)
California Chamber of Commerce
ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1400, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 23 / 12	$ 25	Lunch
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Pharmaceutical Research and Manufacturers of Am
ADDRESS (Business Address Acceptable)
1215 K Street, Suite 970, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	$ 198	Gift Bag
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
California Professional Firefighters
ADDRESS (Business Address Acceptable)
1780 Creekside Oaks Sta 200 Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 09 / 12	$ 151	Firefighter Helmet
09 / 06 / 12	$ 5	Coffee Mug
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Governor's Cup Foundation, Inc.
ADDRESS (Business Address Acceptable)
755 Riverpoint Dr., West Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 13	$ 379	Golf
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Crime Victim's United
ADDRESS (Business Address Acceptable)
11400 Atwood Rd, Auburn, CA 95603
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Victim's Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	$ 350	Gift Basket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
California Grape and Tree Fruit League
ADDRESS (Business Address Acceptable)
979 W. Alluvial, Suite 107, Fresno, CA 93711-5700
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 22 / 12	$ 15	Fresh Fruit Gift Pack
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Minorities in Law Enforcement
ADDRESS (Business Address Acceptable)
925 L Street, Suite 950, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	$ 352	Gift bag
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
California Outdoor Heritage Alliance
ADDRESS (Business Address Acceptable)
1216 K Street, Suite 1150, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sporting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 29 / 12	$ 31	Dinner and hat
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Coalition for a Safer California
ADDRESS (Business Address Acceptable)
1020 12th Street, Suite 409, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	$ 359	Gift basket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Prime Healthcare
ADDRESS (Business Address Acceptable)
3300 East Guasti Rd, Ontario, CA 91761
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 12	$ 141	Round of Golf
/ /	$	
/ /	$	

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Knight

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Manufacturers and Technology Association
ADDRESS *(Business Address Acceptable)*
1115 Eleventh Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Manufacturing and Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 13 / 12	$ 299	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Knight

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

- **You must mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE *(Not an Acronym)*
Applied Materials
ADDRESS *(Business Address Acceptable)*
3050 Bowers Ave
CITY AND STATE
Santa Clara, CA 95054-3299
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Technology Manufacturing
DATE(S): 07 / 22 / 12 - 07 / 23 / 12 *(if gift)* AMT: $ 1,264.50
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
Fueling California
ADDRESS *(Business Address Acceptable)*
1017 L Street #409
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Alternative Fuel and Technology
DATE(S): 09 / 19 / 12 - / / *(if gift)* AMT: $ 77.93
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
101 West Broadway, Suite 1460
CITY AND STATE
San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Voter Research
DATE(S): 11 / 11 / 12 - 11 / 19 / 12 *(if gift)* AMT: $ 2,343.38
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): / / - / / *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

CAPITOL OFFICE
STATE CAPITOL
SACRAMENTO, CA 95814
(916) 651-4021

DISTRICT OFFICES
848 W. LANCASTER BLVD.
SUITE 101
LANCASTER, CA 93534
(661) 729-6232

23920 VALENCIA BLVD.
SUITE 250
SANTA CLARITA, CA 91355
(661) 286-1471

14343 CIVIC DRIVE
FIRST FLOOR
VICTORVILLE, CA 92392
(760) 843-8414

California State Senate

SENATOR
STEVE KNIGHT
TWENTY-FIRST DISTRICT

COMMITTEES
GOVERNANCE & FINANCE
VICE CHAIR

LEGISLATIVE ETHICS
VICE CHAIR

VETERANS AFFAIRS
VICE CHAIR

ENERGY, UTILITIES & COMMUNICATIONS

INSURANCE

PUBLIC SAFETY

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2013 FEB 27 PM 3:49

February 25, 2013

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 and other similar events received during the 2012 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.

(d)(5)

Steve Knight, Senator
21st District