CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION
2014 MAR -3 PM 5:07

Date Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
KNIGHT	STEPHEN	THOMAS

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CALIFORNIA STATE LEGISLATURE

Division, Board, Department, District, if applicable: SENATE – 21ST DISTRICT OF CALFORNIA

Your Position: SENATOR

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

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, 2013, through December 31, 2013.
  -or-
  The period covered is ____/____/_____, through December 31, 2013.
- [ ] **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, 2013, 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*

5. Verification

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

Date Signed 3-3-14
(month, day, year)

Signatur

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
STEPHEN 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:
___/___/13 ACQUIRED ___/___/13 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:
___/___/13 ACQUIRED ___/___/13 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
STEPHEN 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

Name
Stephen Knight

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Marco and Sandra Johnson
ADDRESS *(Business Address Acceptable)*
44933 North Fern Avenue, Lancaster CA 93534
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 13	$ 66.00	Edible Arrangement
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	$ 265.00	Tee prizes
/ /	$	
/ /	$	

► 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 / 12 / 13	$ 393.00	Gift Basket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Minorities in Law Enforcement
ADDRESS *(Business Address Acceptable)*
1817 Capitol Avenue, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	$ 414.00	Gift Basket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Distilled Spirit Council
ADDRESS *(Business Address Acceptable)*
1250 Eye Street, NW, Ste 400, Washington D.C. 200
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverages

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	$ 42.00	Gift Basket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Correctional Peace Officers Association
ADDRESS *(Business Address Acceptable)*
755 Riverpoint Drive, Sacramento CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	$ 432.50	Golf
11 / 18 / 13	$ 153.60	Dinner
/ /	$	

Comments: A $146.10 reimbursement was paid to CCPOA.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
STEPHEN KNIGHT

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Trucking Association
ADDRESS *(Business Address Acceptable)*
4148 E. Commerce Way, Sacramento, CA 95834
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 13	$ 40.09	Jersey
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Walt Disney Company
ADDRESS *(Business Address Acceptable)*
500 South Buena Vista Street, Burbank CA 91521
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 13	$ 15.96	Lunch
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California State Protocal Foundation
ADDRESS *(Business Address Acceptable)*
11355 West Olympic Blvd, Los Angeles CA 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 13	$ 55.29	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Salt & Light Council
ADDRESS *(Business Address Acceptable)*
991 So. Lomas Santa Fe C-119, Solan Beach CA 92
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 15 / 13	$ 50.00	Books & DVD
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 06 / 13	$ 53.08	Dinner
05 / 22 / 13	$ 21.24	Host Breakfast
/ /	$	

► 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 / 20 / 13	$ 40.00	Breakfast
03 / 20 / 13	$ 20.00	Cowboy Hat
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Stephen Knight

SCHEDULE D
Income – Gifts

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	$ 432.50	Golf
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
SpaceX
ADDRESS *(Business Address Acceptable)*
1 Rocket Road, Hawthorne CA 90250
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 04 / 13	$ 29.16	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Peter Shuper
ADDRESS *(Business Address Acceptable)*
10880 Wilshire Blvd Ste 2400 Los Angeles CA 90024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 22 / 13	$ 110.00	Golf
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
City of Santa Clarita
ADDRESS *(Business Address Acceptable)*
23920 Valencia Blvd, Santa Clarita CA 91355
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Politics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 13	$ 50.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
NRA Members' Council of the Antelope Valley
ADDRESS *(Business Address Acceptable)*
13681 Newport Ave #8-618 Tustin, CA 92780
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 13	$ 100.00	Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Association of Healthcare Districts
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 2012, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 08 / 13	$ 249.66	Placque/Award
04 / 08 / 13	$ 112.51	Dinner
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Stephen Knight

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

- **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)*
California Correctional Peace Officers Association
ADDRESS *(Business Address Acceptable)*
755 Riverpoint Drive
CITY AND STATE
West Sacramento, CA 95605-1634
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Public Safety
DATE(S): 07/12/13 - 07/13/13 *(If gift)* AMT: $ 2,346.23
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 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Voters Rights
DATE(S): 11/17/13 - 11/21/13 *(If gift)* AMT: $ 2,314.15
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
The First Tee of Silicon Valley
ADDRESS *(Business Address Acceptable)*
345 Park Avenue, MS E6
CITY AND STATE
San Jose CA 95110
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Public Safety
DATE(S): 07/14/13 - 07/15/13 *(If gift)* AMT: $ 460.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Zonta Club of Santa Clarita Valley
ADDRESS *(Business Address Acceptable)*
23642 Lyons Ave
CITY AND STATE
Newhall CA 91321
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Advocacy
DATE(S): 11/08/13 - / / *(If gift)* AMT: $ 125.00
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

MAR - 3 2014

February 25, 2014

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 2013 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 ravel reimbursements listed herein is inadvertent.

(d)(5)

Steve Knight, Senator
21st District

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FAIR POLITICAL
PRACTICES COMMISSION
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