

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

City Clerk Department

Please type or print in ink

NAME OF FILER (LAST) **Knoblock** (FIRST) **Steven** (MIDDLE) **Craig**

1. Office, Agency, or Court

Agency Name (Do not use acronyms) **SAN CLEMENTE City Council** Mayor Pro Tem / Council Member
 Division, Board, Department, District, if applicable _____ Your Position _____

▶ If filing for multiple positions, list below or on an attachment (Do not use acronyms)
 Agency: **County of Orange** Position: **Administrative Hearing officer**
Orange County Mosquito and Vector Control District → **TRUSTEE**

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

- State
- Multi-County _____
- City of **San Clemente**
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of **Orange**
- Other _____

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- Leaving Office:** Date left _____ (Check one circle)
- The period covered is January 1, 2022, through the date of leaving office.
- or-** The period covered is _____ through the date of leaving office.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1 _____

4. Schedule Summary (required)

▶ Total number of pages including this cover page: **3**

Schedules attached

- 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

MAILING ADDRESS STREET CITY STATE ZIP CODE

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 acknowledge this is a public document.

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

Date Signed 1-28-23 Signature _____

SCHEDULE D
Income – Gifts

Name
Steven Knoblock

▶ NAME OF SOURCE (Not an Acronym)
San Clemente Chamber of Commerce

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Taste of San Clemente

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>10/28/22</i>	<i>\$ 320</i>	<i>2 tickets</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____