						COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.	5)				Date Stamp	CALIFORNIA FORM 460
1571131	5)		Statement covers period	Date of election if applicable:	01/25/2024 10:45:17	<b>D</b> ave 1 <b>1</b> 7
		fron	<b>n</b> 07/31/2023	(Month, Day, Year)		Page <u>1</u> of <u>17</u>
					Filing ID: 209686605	For Official Use Only
SEE INSTRUCTIONS ON REVERSE		thro	bugh12/31/2023			
1. Type of Recipient Committee:	All Committe	ees – Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:		
X Officeholder, Candidate Controlled C			ly Formed Ballot Measure	Preelection Statement		uarterly Statement
State Candidate Election Commit	tee	Commi		X Semi-annual Statement	: s	pecial Odd-Year Report
(Also Complete Part 5)				Termination Statement	S	upplemental Preelection
(Also complete Part 5)		(Also Com	DNSOFED aplete Part 6)	(Also file a Form 410 T	, –	tatement - Attach Form 495
General Purpose Committee			. ,	Amendment (Explain b	elow)	
Sponsored			ly Formed Candidate/ older Committee			
			aplete Part 7)			
O Political Party/Central Committee						
3. Committee Information		I.D. NUM		Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAM	E IF NO COM	14621 MITTEE)	37	NAME OF TREASURER		
Kim Knaus for City Council 20		,		Robert Rego		
-				MAILING ADDRESS		
				MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				CITY		P CODE AREA CODE/PHONE
				Grand Terrace		92313
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
Grand Terrace	CA	92313	(909)496-1210			
MAILING ADDRESS (IF DIFFERENT) NO. A	ND STREET O	DR P.O. BOX		MAILING ADDRESS		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIF	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDF	RESS	

# I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on	01/09/2024 Date	By _	Robert Rego Signature of Treasurer or Assistant Treasurer	-
Executed on	01/09/2024 Date	By _	Kim Knaus Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	-
Executed on	Date	By _	Signature of Controlling Officeholder, Candidate, State Measure Proponent	-
Executed on	Date	By _	Signature of Controlling Officeholder, Candidate, State Measure Proponent	– FPPC Form 460

## Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

## NAME OF OFFICEHOLDER OR CANDIDATE

#### Kim Knaus

OFFICE SOUGHT	OR HELD (I	NCLUD	E LOCATIO	ON AND DIS	TRICT NUMBER	IF AP	PLICABLI	E)
City Council	Member:	City	of San	Bernardi	no District	5		
RESIDENTIAL/BU	SINESS ADD	DRESS	(NO. AND	STREET)	CITY		STATE	ZIP
					San Bernar	dino	CA	92407

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.* 

COMMITTEE NAME		1	.D. NUMBEF	3
NAME OF TREASURER		(		
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX)	)	
CITY	STATE	ZIP COD	θE	AREA CODE/PHONE
COMMITTEE NAME		1.	D. NUMBEF	2
NAME OF TREASURER		(	CONTROLLE	D COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX)	)	
CITY	STATE	ZIP COD	Ε	AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

# 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

#### COVER PAGE - PART 2

**CALIFORNIA** 

FORM

Page \_\_\_\_\_ of \_\_\_\_7

Campaign Disclosure Statement Summary Page		nounts may be round to whole dollars.	led	Stat	ement covers period 07/31/2023	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE				through	12/31/2023	Page of7	
NAME OF FILER						I.D. NUMBER	
Kim Knaus for City Council 2024						1462137	
Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTALTO DATE		nmary for Candidates he State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	46,313.00	\$	46,313.00			
2. Loans Received Schedule B, Line 3		50.00		50.00	1/1	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	46,363.00	\$	46,363.00	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		143.60		143.60	21 Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	46,506.60	\$	46,506.60	Made \$	\$\$	
Expenditures Made					Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$	6,683.90	\$	6,683.90	Candidates	,	
7. Loans Made Schedule H, Line 3		0.00		0.00			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	6,683.90	\$	6,683.90		ve Expenditures Made* to Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		2,000.00		2,000.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		143.60		143.60	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	8,827.50	\$	8,827.50	////	\$	
Current Cash Statement					///	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		46,363.00	an	nounts in Column A to the			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	rresponding amounts om Column B of your last	*Amounts in this section reported in Column B.	may be different from amounts	
15. Cash Payments Column A, Line 8 above		6,683.90		port. Some amounts in plumn A may be negative	,		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	39,679.10	fig	ures that should be			
If this is a termination statement, Line 16 must be zero.			ре	btracted from previous priod amounts. If this is e first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, only rry over the amounts			
Cash Equivalents and Outstanding Debts			fro	bom Lines 2, 7, and 9 (if hy).			
18. Cash Equivalents See instructions on reverse	\$	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2,050.00					

Schedule	Α						SC	HEDULE A
	Contributions Received		ts may be rounded whole dollars.	Statement cover	-		FORNIA DRM	460
SEE INSTRUCTIO	DNS ON REVERSE			through12/31/2	023	Page .	4 of .	17
NAME OF FILER						I.D. NU	MBER	
Kim Knaus fo	or City Council 2024					14621	37	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELE TO DA (IF REQU	TE
09/07/2023	JEC Enterprises Inc Upland, CA 91786	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,0	00.00		
09/07/2023	Alexa Nevens Fontana, CA 92336	IND     COM     OTH     PTY     SCC	Retired Retired	250.00	2	50.00		
09/07/2023	Cheryl Parisi Los Angeles, CA 90039	IND     COM     OTH     PTY     SCC	Retired Retired	100.00	1	00.00		
09/15/2023	Eugene Park Rancho Cucamonga, CA 91737	∑IND □COM □OTH □PTY □SCC	Owner Bel-Air Swap Meet Inc	5,500.00	5,5	00.00		
09/21/2023	Adam Acosta Los Angeles, CA 90042	XIND COM OTH PTY SCC	Council Aide City of Los Angeles	100.00	2	75.00 F	2024	\$75.00
			SUBTOTAL \$	6,950.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	45,823.00	IND –			
2. Amount re	ceived this period – unitemized monetary contributions	s of less than	\$100 \$	490.00			e.g., busines	
3. Total mone	etary contributions received this period.						ontributor Co	mmittee
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.	) <b>TOTAL \$</b>	46,313.00				

## www.netfile.com

\*Contributor Codes IND - Individual

www.netfile.com

Statement covers period CALIFORNIA to whole dollars. FORM 07/31/2023 from 12/31/2023 through Page \_\_\_\_\_\_ of \_\_\_\_\_7 NAME OF FILER I.D. NUMBER Kim Knaus for City Council 2024 1462137 IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 09/26/2023 \$1,000.00 1,000.00 1,000.00 P2024 Joyce Dow Retired X IND Arcada, CA 91006 Retired ПСОМ OTH **PTY** SCC 09/26/2023 W. Verdemont LLCFelizardo Robles Jr. 1,000.00 P2024 1,000.00 \$1,000.00 Upland, CA 91786 COM **X** OTH **PTY** SCC 09/28/2023 5,500.00 P2024 San Bernardino POA (ID# 980235) 5,500.00 \$5,500.00 IND San Bernardino, CA 92408 X COM OTH □ PTY SCC 10/08/2023 Williams for San Bernardino Community College 250.00 250.00 P2024 \$250.00 **IND** Board of Trustees 2022 (ID# 1356622) X COM Covina, CA 91722 OTH **PTY** SCC 275.00 P2024 10/18/2023 Adam Acosta Council Aide 100.00 \$75.00 X IND Los Angeles, CA 90042 City of Los Angeles COM OTH **PTY** SCC SUBTOTAL \$ 7,850.00

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		ntributions Received Amounts may be rounded to whole dollars.			2023	CALIFORNIA FORM 460		
				through12/31/	2023	Page6	of <u>17</u>	
NAME OF FILER			L			I.D. NUMBER		
Kim Knaus for	r City Council 2024					1462137		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TC CALENDAR YI (JAN. 1 - DEC.	EAR 1	ELECTION TO DATE REQUIRED)	
10/19/2023	Edward Chavez La Puente, CA 91746-2029	∑IND COM OTH PTY SCC	Secretary, Division 3 Upper San Gabriel Valley Municipal Water District	500.00	6	00.00 P2024	\$600.00	
10/19/2023	EZH Inc Chino, CA 91710	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,0	00.00 P2024	\$1,000.00	
10/19/2023	Naseem Faroogi Rancho Cucamonga, CA 91730	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief of Staff County of San Bernardino	100.00	1	00.00 P2024	\$100.00	
10/19/2023	Laborers Local Union No. 783 (ID# 981333) San Bernardino, CA 92408	☐ IND IND COM ☐ OTH ☐ PTY ☐ SCC		2,500.00	2,5	00.00 P2024	\$2,500.00	
10/19/2023	Melissa Milender San Bernardino, CA 92408	X IND COM OTH PTY SCC	Realtor Self Employed	100.00	1	00.00 P2024	\$100.00	
			SUBTOTAL	\$ 4,200.00				

SCHEDULE A (CONT.)

# Schedule A (Continuation Sheet) Monetary Contributions Received

wonetary	Contributions Received	to whole o		from $07/31/$	/2023	FO	ORNIA RM	400
NAME OF FILER				through <u>12/31</u>		I.D. NUM		of <u>17</u>
Kim Knaus fo	r City Council 2024	1	1	T		146213	7	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DEC	YEAR	TC	ELECTION DATE EQUIRED)
10/19/2023	NonStop Trucking Inc San Bernardino, CA 92403	☐ IND ☐ COM ⊠ OTH ☐ PTY ☐ SCC		500.00		500.00 P	2024	\$500.00
10/19/2023	OTR Safety Services Inc Hungtington Beach, CA 92647	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,	000.00 P	2024	\$1,000.00
10/19/2023	San Manuel Band of Mission Indians Highland, CA 92346	☐ IND ☐ COM ⊠ OTH ☐ PTY ☐ SCC		2,500.00	2,	700.00 P	2024	\$2,700.00
10/19/2023	Michael Stoffel Highland, CA 92346	X IND COM OTH PTY SCC	Realtor Self Employed	250.00		250.00 P		\$250.00
10/25/2023	Lynette Kaplan San Bernardino, CA 92407-1721	IND       COM       OTH       PTY       SCC	Retired Retired	100.00		100.00 P	2024	\$100.00

SUBTOTAL\$

4,350.00

Amounts may be rounded

# Schedule A (Continuation Sheet) Monetary Contributions Received

\*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

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SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

Monetary	Contributions Received	Amounts may to whole c		Statement cove from07/31/ through12/31/	2023	CALIFORNI FORM	400
NAME OF FILER				-		I.D. NUMBER	
Kim Knaus for	r City Council 2024					1462137	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	R ELECTION TO DATE REQUIRED)
10/29/2023	Aylen Nolasco Riverside, CA 92501-2045	⊠ IND □ COM □ OTH □ PTY □ SCC	Retired Retired	500.00	5	00.00 P2024	\$500.00
11/01/2023	Xtreme Pallets Inc San Bernardino, CA 92407	□IND □COM ☑OTH □PTY □SCC		500.00	5	00.00 P2024	\$500.00
11/03/2023	Inland Empire Business PAC (ID# 1360854) Irvine, CA 92618	□IND IND COM OTH □PTY □SCC		2,500.00	2,5	00.00 ₽2024	\$2,500.00
11/15/2023	Adam Acosta Los Angeles, CA 90042	∑ IND □ COM □ OTH □ PTY □ SCC	Council Aide City of Los Angeles	50.00	2	75.00 ₽2024	\$75.00
11/15/2023	CMAX Commercial Maintenance, INC Ontario, CA 91764	□IND □COM ☑OTH □PTY □SCC		500.00	5	00.00 P2024	\$500.00
			SUBTOTALS	\$ 4,050.00		÷	

Schedule A (Continuation Sheet) Monetary Contributions Received

#### SCHEDULE A (CONT.)

	to whole dollars.				2023	FORM Page9	400
NAME OF FILER						I.D. NUMBER	
Kim Knaus for	r City Council 2024					1462137	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR 31) (IF I	ELECTION FO DATE REQUIRED)
11/24/2023	Teresa Marquez San Bernardino, CA 92407	⊠IND □COM □OTH □PTY □SCC	Housewife Housewife	1,848.00	1,84	8.00 P2024	\$1,848.00
12/01/2023	Adam Acosta Los Angeles, CA 90042	⊠IND □COM □OTH □PTY □SCC	Council Aide City of Los Angeles	25.00	27	75.00 P2024	\$75.00
12/02/2023	Manufacture Housing Educational Trust PAC (ID# 820165) Irvine, CA 92618	□IND IND COM OTH PTY SCC		500.00	50	00.00 P2024	\$500.00
12/03/2023	Edgar Beltran San Bernardino, CA 92413	IND     COM     OTH     PTY     SCC     SCC     SCC     SCC     SCC     SCC	Teacher Fontana Unified School District			60.00 P2024	\$250.00
12/07/2023	Edward Chavez La Puente, CA 91746-2029	⊠ IND □ COM □ OTH □ PTY □ SCC	Secretary, Division 3 Upper San Gabriel Valley Municipal Water District	100.00	60	0.00 P2024	\$600.00
			SUBTOTAL	\$ 2,723.00			

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

NAME OF FILER						I.D. NUMBER	۲
Kim Knaus fo	r City Council 2024					1462137	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEIF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PEF (IF
12/11/2023	San Manuel Band of Mission Indians Highland, CA 92346	□ IND □ COM ⊠ OTH □ PTY □ SCC		200.00	2,7(	00.00 P202	24
12/13/2023	Building a Stronger California Sponsored by Southwest Mountain States Regional Council of Carpenters (ID# 870169) Los Angeles, CA 90071	□ IND □ COM □ OTH □ PTY ☑ SCC		4,500.00	4,50	00.00 P202	24
12/15/2023	James Ramos Highland, CA 92346	IND     COM     OTH     PTY     SCC	Assembly Member, 45th District State of California	5,500.00	5,5(	00.00 P202	24
12/15/2023	Theresa Ramos Highland, CA 92346	∑ IND □ COM □ OTH □ PTY □ SCC	None None	5,500.00	5,5(	00.00 P202	24
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 15,700.00			

SCHEDULE A (CONT.)

PER ELECTION

TO DATE

(IF REQUIRED)

\$2,700.00

\$4,500.00

\$5,500.00

\$5,500.00

460

CALIFORNIA

FORM

Page \_\_\_\_\_\_ of \_\_\_\_\_7

Statement covers period

from

through.

07/31/2023

12/31/2023

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received	Amo	ounts may be ro to whole dollar			Statement cov	vers period	CALIFORN	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE					through <u>12/3</u>	1/2023	Page	of17
NAME OF FILER							I.D. NUMBER	
Kim Knaus for City Council 2024							1462137	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) Amount Pail Or Forgive This Period		(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
								CALENDAR YEAR
				\$ FORGIVEN	. \$	RATE %	\$	\$ PER ELECTION**
T IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
								CALENDAR YEAR
				\$ FORGIVEN	- \$	RATE %	\$	\$ PER ELECTION **
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
								CALENDAR YEAR
				\$ FORGIVEN	\$	RATE	\$	\$ PER ELECTION **
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	5	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3	)	
1. Loans received this period				\$	50.00	· ~		
(Total Column (b) plus unitemized loans	s of less than \$100.)						Contributor Codes	
<ol> <li>Loans paid or forgiven this period</li></ol>	) paid or forgiven.)			\$	0.00		COM – Recipient Co	PTY or SCC) business entity)
3. Net change this period. ( <b>Subtract</b> Line Enter the net here and on the Summar				. <b>NET \$</b>	50.00 May be a negative number)	ل	SCC – Small Contril	outor Committee
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC F	orm 460 (Jan/201

SEE INSTRUC NAME OF FILE	netary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers p from07/31/202 through12/31/202	23	I.D. NUMB	DRNIA RM <sup>12</sup> of _ ER	17
Kim Knaus	for City Council 2024		1	1		1	1462137		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVIC		CUMULA DA CALEND/ (JAN 1 -	TE AR YEAR	TO	LECTION DATE QUIRED)
	CA Slates (ID# 1401551) Long Beach, CA 90802	□IND IND COM □OTH □PTY SCC □IND □COM □OTH		Discount	143.60		143.60	P2024	\$143.60
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately lab	eled continuat	ion sheets.	SUBTOT	<b>`AL\$</b> 143.60		1		

Schedule C Summary	*Contributor Codes
1. Amount received this period – itemized nonmonetary contributions.	IND – Individual
(Include all Schedule C subtotals.) \$143.60	COM – Recipient Committee
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$143.60	

Cohodulo E		[	SCHEDULE E		
Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460		
Payments Made	to whole dollars.	from07/31/2023	FORM		
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2023</u>	Page <u>13</u> of <u>17</u>		
NAME OF FILER		-	I.D. NUMBER		
Kim Knaus for City Council 2024			1462137		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Parkview Business Services Grand Terrace, CA 92313	PRO				250.00
S&E Wholesale Flowers San Bernardino, CA 92408	FND				145.72
A to Z Printing Riverside, CA 92503	CMP				190.32
* Payments that are contributions or independent expenditures must also be sun	marized on	Sche	edule D. SUBTO	TAL\$	586.04

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	6,369.41
2. Unitemized payments made this period of under \$100 \$	314.49
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	6,683.90

Sc	hedule E			SCHEDULE E (CONT.				
(Continuation Sheet)		Amounts m	nay be rounded	Statement covers period	CALIFORNIA 460			
Рa	yments Made	to who	le dollars.	from07/31/2023	FORM 400			
SEE	INSTRUCTIONS ON REVERSE			through	Page <u>14</u> of <u>17</u>			
	E OF FILER				I.D. NUMBER			
Kim	Knaus for City Council 2024				1462137			
CO	DES: If one of the following codes accurately describe	s the payme	nt, you may enter the code. Ot	herwise, describe the payment				
CMP	campaign paraphernalia/misc.	MBR membe	r communications	RAD radio airtime and production	n costs			
CNS	1 6		is and appearances	RFD returned contributions				
CTB	contribution (explain nonmonetary)*		expenses	SAL campaign workers' salaries				
CVC	civic donations candidate filing/ballot fees	PET petition PHO phone b	circulating	TEL t.v. or cable airtime and pro TRC candidate travel, lodging, and				
FIL FND	fundraising events		and survey research	TRS staff/spouse travel, lodging				
IND	independent expenditure supporting/opposing others (explain)*		e, delivery and messenger services		es of the same candidate/sponsor			
LEG	legal defense		ional services (legal, accounting)	VOT voter registration	·····			
LIT	campaign literature and mailings	PRT print ad		WEB information technology cos	is (internet, e-mail)			
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID			

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AM	OUNT PAID
Costco Fontana, CA 92336	FND				135.37
Viewpoint Advocacy Rancho Cucamong, CA 91730	FND				1,850.00
PDI Norwalk, CA 90652	WEB				900.00
Big Ducks BBQ San Bernardino, CA 92407	FND				300.00
Big Ducks BBQ San Bernardino, CA 92407	FND				350.00
* Payments that are contributions or independent expenditures must also be sum	marized on Schedule	 D.	SL	JBTOTAL \$	3,535.37

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Schedule E					SCHEDULE E (CONT.)
(Continuation Sheet)	Am	ounts may be rounded	St	atement covers period	CALIFORNIA 460
Payments Made	to whole dollars.		from	07/31/2023	FORM <b>400</b>
SEE INSTRUCTIONS ON REVERSE			throu	gh <u>12/31/2023</u>	Page <u>15</u> of <u>17</u>
NAME OF FILER					I.D. NUMBER
Kim Knaus for City Council 2024					1462137
CODES: If one of the following codes accurately describ	bes the p	payment, you may enter the code. Othe	erwise,	describe the payment.	
CMP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production	costs
CNS campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC civic donations		petition circulating	TEL	t.v. or cable airtime and prod	
FIL candidate filing/ballot fees		phone banks	TRC	candidate travel, lodging, and	
FND fundraising events		polling and survey research	TRS	staff/spouse travel, lodging,	
IND independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees	s of the same candidate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs	(internet, e-mail)

			WEB Information technology cost	
NAME AND ADDRESS OF PAY (IF COMMITTEE, ALSO ENTER I.D. NUM	EE CO	DDE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Danya Z. Photo San Bernardino, CA 92411	Cl	MP		375.0
CA Slates (ID# 1401551) Long Beach, CA 90802	L	IT		680.0
City of San Bernardino San Bernardino, CA 92401	F	IL		1,193.0
Payments that are contributions or independent expendit	una mustalas ha summarias dan Caba			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 2,248.00

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SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Statement cove from07/31/2 through12/31/2	2023         FO           2023         Page _           I.D. NUM			
Kim Knaus for City Council 2024 <b>CODES:</b> If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services	RADradio airtime arRFDreturned contriSALcampaign workTELt.v. or cable airTRCcandidate traveTRSstaff/spouse traTSFtransfer betweeVOTvoter registration	nd production costs butions xers' salaries time and production costs I, lodging, and meals avel, lodging, and meals en committees of the san	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	<b>(a)</b> OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	<b>(b)</b> AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
HGS Campaigns Pasadena, CA 91101		0.00	2,000.00	0.00	2,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	; 2,000.00 <b>\$</b>	<b>6</b> 0.00 <b>\$</b>	2,000.00
<ul> <li>Schedule F Summary</li> <li>1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a</li> <li>2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized a</li> <li>3. Net change this period. (Subtract Line 2 from Line 1. End</li> </ul>	accrued expenses under s edule F, Column (c) subto payments on accrued exp ter the difference here and	\$100.) tals for payments on enses under \$100.) . d		.PAID TOTALS \$	2,000.00
on the Summary Page, Column A, Line 9.)				NET \$	2,000.00 ay be a negative number

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SCHEDULE G

5

CALIFORNIA

FORM

I.D. NUMBER

1462137

Page <u>17</u> of <u>17</u>

Schedule G	
Payments Made by an Agent or Independent	
Contractor (on Behalf of This Committee)	

Statement covers period Amounts may be rounded to whole dollars. from

07/31/2023

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	

Kim Knaus for City Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Viewpoint Advocacy

COI	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

print ads

PRT

- LEG legal defense
- LIT campaign literature and mailings

## \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Arrowhead Country Club San Bernardino, CA 92404				1,850.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 1,850.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

						COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-842	16 5)				Date Stamp	CALIFORNIA FORM 460
1577325	10.0)	s	tatement covers period	Date of election if applicable:	01/25/2024 10:45:36	Page1 of7
		from	01/01/2024	(Month, Day, Year)	Filing ID:	For Official Use Only
					209686628	
SEE INSTRUCTIONS ON REVERSE		throu	<b>igh</b> 01/20/2024	03/05/2024		
1. Type of Recipient Committee	ee: All Committees	s – Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:		
X Officeholder, Candidate Controlle			Formed Ballot Measure	I Preelection Statement		uarterly Statement
State Candidate Election Com	nmittee	Committ		Semi-annual Statement	t 🗌 Sp	pecial Odd-Year Report
(Also Complete Part 5)				Termination Statement		upplemental Preelection
(Also Complete Part 5) O Sponsored (Also Complete Part 6)			(Also file a Form 410 T	,	atement - Attach Form 495	
General Purpose Committee		— Duine enile		Amendment (Explain b	pelow)	
O Sponsored			<sup>,</sup> Formed Candidate/ Ider Committee			
<ul> <li>Small Contributor Committee</li> <li>Political Party/Central Commit</li> </ul>	tee	(Also Comp				
3. Committee Information		I.D. NUME 146213		Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S N	NAME IF NO COMMIT	TEE)		NAME OF TREASURER		
Kim Knaus for City Council	2024			Robert Rego		
				MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				CITY	STATE ZIP	CODE AREA CODE/PHONE
				Grand Terrace	CA 9	2313
CITY	STATE Z	IP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
Grand Terrace	CA	92313	(909)496-1210			
MAILING ADDRESS (IF DIFFERENT) NO	D. AND STREET OR	P.O. BOX		MAILING ADDRESS		
CITY	STATE Z	IP CODE	AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADD	RESS	
robert@rego.com				robert@rego.com		
4. Verification						

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on	01/24/2024 Date	By	
Executed on	01/24/2024 Date	By Kim Knaus Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	 FPPC Form 46

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

## NAME OF OFFICEHOLDER OR CANDIDATE

#### Kim Knaus

OFFICE SOUGHT	OR HELD (I	NCLUD	E LOCATIO	ON AND DIS	TRICT NUMBER	IF AP	PLICABLI	E)
City Council	Member:	City	of San	Bernardi	no District	5		
RESIDENTIAL/BU	SINESS ADD	DRESS	(NO. AND	STREET)	CITY		STATE	ZIP
					San Bernar	dino	CA	92407

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.* 

COMMITTEE NAME		1	.D. NUMBEF	3
NAME OF TREASURER		(		
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX)	)	
CITY	STATE	ZIP COD	θE	AREA CODE/PHONE
COMMITTEE NAME		1.	D. NUMBEF	2
NAME OF TREASURER		(	CONTROLLE	D COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX)	)	
CITY	STATE	ZIP COD	Ε	AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

# 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

COVER PAGE - PART 2

**CALIFORNIA** 

FORM

Page \_\_\_\_\_ of \_\_\_\_

Campaign Disclosure Statement Summary Page		nounts may be round to whole dollars.	led	State	ement covers period	CALIFORNIA FORM 46
				through	01/20/2024	Page3 of7
SEE INSTRUCTIONS ON REVERSE						I.D. NUMBER
Kim Knaus for City Council 2024						1462137
Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both t	nmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	4,349.00	\$	4,349.00	General Elections	
2. Loans Received Schedule B, Line 3		0.00		50.00	1/1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	4,349.00	\$	4,399.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	4,349.00	\$	4,399.00	Made \$	\$
Expenditures Made					Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	16,315.96	\$	16,315.96	Candidates	,
7. Loans Made Schedule H, Line 3		0.00		0.00		ve Evnenditures Madet
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	16,315.96	\$	16,315.96		ve Expenditures Made* to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		-2,000.00		0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	14,315.96	\$	16,315.96	///	\$
Current Cash Statement					///////	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	39,679.10	То	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		4,349.00	an	nounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	rresponding amounts om Column B of your last	*Amounts in this section reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8 above		16,315.96		port. Some amounts in blumn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	27,712.14	fig	ures that should be		
If this is a termination statement, Line 16 must be zero.			ре	btracted from previous riod amounts. If this is e first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, only rry over the amounts		
Cash Equivalents and Outstanding Debts			fro	by).		
18. Cash Equivalents See instructions on reverse	\$	0.00				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	50.00	I			

Schedule	Α							SCH	HEDULE A
Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover		CALIFORNIA FORM 460			_
	DNS ON REVERSE			through01/20/2	024	Page	4	_ of	7
NAME OF FILER						I.D. NU	MBER		
Kim Knaus f	or City Council 2024					14621			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO E CALENDAR YEA (JAN. 1 - DEC. 3	DATE AR	PER	R ELEC <sup>®</sup> FO DAT REQUII	E
01/02/2024	Channing Hawkins Rialto, CA 92377	☑ IND       □ COM       □ OTH       □ PTY       □ SCC	Director West Valley Water District	249.00	24	49.00 1	P2024		\$249.00
01/15/2024	Inland Empire Business Alliance (ID# 1389921) Upland, CA 91784	□IND X COM OTH PTY SCC		3,000.00	3,0(	100.00	P2024	\$.	3,000.00
01/18/2024	Fay Aldridge San Bernardino, CA 92405	XIND COM OTH PTY SCC	Retired Retired	100.00	10	1 00.00	P2024		\$100.00
01/18/2024	Coalition For Better Government (ID# 1390732) Upland, CA 91784-1792	☐ IND ⊠ COM ☐ OTH ☐ PTY ☐ SCC		500.00	5(	100.00	P2024		\$500.00
01/18/2024	Protect Our County PAC (ID# 1381874) Upland, CA 91784-1792	☐ IND IND COM OTH PTY SCC		500.00	5(	00.00	P2024		\$500.00
			SUBTOTAL \$	4,349.00					
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contributions			4,349.00	IND – I COM – OTH – PTY –	(other Other Political	al ent Comn than PT` (e.g., bus Party	Y or So siness	entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.	) <b>TOTAL \$</b>	4,349.00	SCC-	Small C	Contributo	or Com	mittee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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<u> </u>			SCHEDULE E
Schedule E Payments Made	Amounts may be rounded	Statement covers period	CALIFORNIA 460
	to whole dollars.	from01/01/2024	FORM 400
SEE INSTRUCTIONS ON REVERSE		through01/20/2024	Page5 of7
NAME OF FILER			I.D. NUMBER
Kim Knaus for City Council 2024			1462137

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Budget Watchdogs Newsletter (ID# 1345115) Torrance, CA 90505	LIT				622.00
Caifornia Voter Guide (ID# 595004) Torrance, CA 90505	LIT				132.00
HGS Campaigns Pasadena, CA 91101	LIT				2,000.00
* Payments that are contributions or independent expenditures must al	so be summarized on	Schedule	D.	SUBTOTAL \$	2,754.00

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	16,315.96
2. Unitemized payments made this period of under \$100 \$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	16,315.96

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do			State	ement covers period		
SEE INSTRUCTIONS ON REVERSE				through	01/20/2024	Page	5 of
NAME OF FILER						I.D. NUMBE	R
Kim Knaus for City Council 2024						1462137	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member.com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey researd ivery and me	5	RAD ra RFD re SAL c TEL t. TRC c TRS s TSF tr VOT v	adio airtime and proc eturned contributions ampaign workers' sa v. or cable airtime ar andidate travel, lodgi taff/spouse travel, lo	luction costs alaries nd production costs ng, and meals dging, and meals imittees of the sam	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR [	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Larry Levine's Election Digest (ID# 1345303) Torrance, CA 90505		LIT					397.00
LP Campaigns West Hollywood, CA 90046		CNS					3,000.00
Senior Advocate- A project of the Coalition for Califor 1439476) Torrance, CA 90505	rnia (ID#	LIT					279.00
Move the Needle Campaigns San Bernardino, CA 92411		FND					8,485.96
Parkview Business Services Grand Terrace, CA 92313		PRO					1,400.00
* Payments that are contributions or independent expenditures must a	lso be summarized on	Schedule D.				SUBTOTAL \$	13,561.96

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cover from01/01/2 through01/20/2	2024 <b>FO</b>	ORNIA RM 460
NAME OF FILER				I.D. NUM	BER
Kim Knaus for City Council 2024				14621	37
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and the PRO professional services ( PRT print ads	ns nces earch messenger services	RADradio airtime anRFDreturned contribSALcampaign workTELt.v. or cable airtTRCcandidate traveTRSstaff/spouse traTSFtransfer betweeVOTvoter registration	d production costs butions ers' salaries ime and production costs I, lodging, and meals vel, lodging, and meals in committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
HGS Campaigns Pasadena, CA 91101		2,000.00	0.00	2,000.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$ 2,000.00\$	0.00\$	2,000.00\$	0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S					
<ul> <li>accrued expenses of \$100 or more, plus total unitemized a</li> <li>2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized period.)</li> <li>2. Not observe this period. (Subtract Line 2 from Line 1. For the second seco</li></ul>	edule F, Column (c) subtot payments on accrued exp	tals for payments on enses under \$100.).			2,000.00
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Entron on the Summary Page, Column A, Line 9.)				NET \$	-2,000.00

							COVER PAGE
Recipient Commit Campaign Stateme Cover Page (Government Code Sections	ent				Date Stamp		LIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		S from throu	00/15/0004	Date of election if applicable: (Month, Day, Year)	02/22/2024 16:27:41 Filing ID: 210653678	Pag	e <u>1</u> of <u>8</u> For Official Use Only
1. Type of Recipient C	Committee: All Committ	tees – Complete F	Parts 1, 2, 3, and 4.	2. Type of Statement:			
<ul> <li>Officeholder, Candidat</li> <li>State Candidate El</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Com</li> <li>Sponsored</li> <li>Small Contributor C</li> <li>Political Party/Cent</li> </ul>	ection Committee mittee Committee	Committe Contr Spon (Also Compl	olled isored lete Part 6) Formed Candidate/ der Committee	<ul> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement (Also file a Form 410 Termination)</li> <li>Amendment (Explain b</li> </ul>	ermination)	 Supplement	atement I-Year Report al Preelection Attach Form 495
3. Committee Informa	tion	I.D. NUMB 146213		Treasurer(s)			
COMMITTEE NAME (OR CAI	NDIDATE'S NAME IF NO COM		<u>,</u>	NAME OF TREASURER			
Kim Knaus for City	Council 2024			Robert Rego MAILING ADDRESS			
STREET ADDRESS (NO P.O	. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Grand Terrace	CA	92313	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
Grand Terrace	CA	92313	(909)496-1210				
MAILING ADDRESS (IF DIFF	ERENT) NO. AND STREET C	DR P.O. BOX		MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	DDRESS			OPTIONAL: FAX / E-MAIL ADDF	RESS		
OPTIONAL: FAX / E-MAIL A							

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on	02/22/2024 Date	- By Robert Rego Signature of Treasurer or Assistant Treasurer	_
Executed on	02/22/2024 Date	By Kim Knaus Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	_
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	_
Executed on	Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent	– FPPC Form 4

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

## NAME OF OFFICEHOLDER OR CANDIDATE

#### Kim Knaus

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)											
City Council	Member:	City	of San	Bernardi	no District	5					
RESIDENTIAL/BU	SINESS ADD	DRESS	(NO. AND	STREET)	CITY		STATE	ZIP			
					San Bernar	dino	CA	92407			

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.* 

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (	NO P.O. BO	X)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (	NO P.O. BO	X)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

# 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT

Attach continuation sheets if necessary

#### COVER PAGE - PART 2

CALIFORNIA

FORM

Page \_\_\_\_\_ of \_\_\_8

Campaign Disclosure Statement Summary Page		nounts may be round to whole dollars.	led	Stat	ement covers period 01/21/2024	CALIFORNIA FORM 46		
				through	02/17/2024	Page <u>3</u> of <u>8</u>		
SEE INSTRUCTIONS ON REVERSE				0		I.D. NUMBER		
Kim Knaus for City Council 2024						1462137		
Contributions Received	(F	Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTO DATE		nmary for Candidates he State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$	12,700.00	\$	17,049.00				
2. Loans Received Schedule B, Line 3		0.00		50.00	1/1	through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	12,700.00	\$	17,099.00	20. Contributions Received \$	\$		
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	12,700.00	\$	17,099.00	Made \$	\$		
Expenditures Made					Expenditure Limit	Summary for State		
6. Payments Made Schedule E, Line 4	\$	2,486.72	\$	18,802.68	Candidates			
7. Loans Made Schedule H, Line 3		0.00		0.00				
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2,486.72	\$	18,802.68		ive Expenditures Made* to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		32,526.23		32,526.23	Date of Election	Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	35,012.95	\$	51,328.91	////	\$		
Current Cash Statement					///	\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	27,712.14	Тс	calculate Column B, add				
13. Cash Receipts Column A, Line 3 above		12,700.00	ar	nounts in Column A to the				
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	rresponding amounts om Column B of your last	*Amounts in this section reported in Column B.	may be different from amounts		
15. Cash Payments Column A, Line 8 above		2,486.72		port. Some amounts in plumn A may be negative				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	37,925.42	fig	ures that should be				
If this is a termination statement, Line 16 must be zero.			pe	btracted from previous riod amounts. If this is e first report being filed				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, only rry over the amounts				
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if ny).				
18. Cash Equivalents See instructions on reverse	\$	0.00						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	32,576.23	I					

Schedule	Α							SCHEDULE A		
Monetary Contributions Received			ts may be rounded whole dollars.	Statement cove		CALIFORNIA FORM 460				
SEE INSTRUCTION	ONS ON REVERSE			through	024	Page	44	of <u>8</u>		
NAME OF FILER						I.D. N	UMBER			
Kim Knaus f	or City Council 2024					1462	137			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	Т	ELECTION O DATE REQUIRED)		
01/30/2024	San Bernardino County Professional Firefighters Local 935 PAC Fund (ID# 1230110) Fontana, CA 92334	☐ IND X COM OTH PTY SCC		2,000.00	2,	000.00	P2024	\$2,000.00		
02/01/2024	Fay Aldridge San Bernardino, CA 92405		Retired Retired	100.00		200.00	P2024	\$200.00		
02/09/2024	Sheet Metal, Air, Rail, Transportation Workers' Union 105 PAC (ID# 962809) Glendora, CA 91740	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		2,500.00	2,	500.00				
02/14/2024	Friends of the East Valley (ID# 1314390) Grand Terrace, CA 92313	□IND IND COM OTH PTY SCC		5,500.00	5,	500.00				
02/16/2024	Penny More LLC Owner- Jose Ponce Redlands, CA 92408-3718	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2,000.00	2,	000.00	P2024	\$2,000.00		
			SUBTOTAL	12,100.00						
1. Amount re (Include a	<b>A Summary</b> eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND - COM	(other	ial ient Comm r than PTY	or SCC)		
3. Total mon	eceived this period – unitemized monetary contributions etary contributions received this period.				PTY	<ul> <li>Politica</li> </ul>	al Party	iness entity) r Committee		
(Add Line:	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	) <b>TOTAL \$</b>	12,700.00				- 400 ( lan /2044		

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NAME OF FILER						I.D. NUM	IBER
Kim Knaus fo	r City Council 2024					146213	37
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PEF (IF
02/16/2024	Western Manufactured Housing Communities Association PAC (ID# 742422) Sacramento, CA 95814	□IND X COM OTH PTY SCC		500.00	5	00.00 F	2024
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

460

PER ELECTION

TO DATE

(IF REQUIRED)

\$500.00

CALIFORNIA

FORM

Page \_\_\_\_\_5 \_\_\_ of \_\_\_\_8

Statement covers period

from

SUBTOTAL \$

through

01/21/2024

02/17/2024

500.00

\*Contributor Codes IND - Individual

PTY – Political Party

COM – Recipient Committee

(other than PTY or SCC) OTH – Other (e.g., business entity)

SCC – Small Contributor Committee

		SCHEDULE E
Amounts may be rounded	Statement covers period	CALIFORNIA 460
to whole dollars.	from01/21/2024	FORM <b>TOO</b>
	through02/17/2024	Page6 of8
	L	I.D. NUMBER
		1462137
	•	to whole dollars. from

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
LP Campaigns West Hollywood, CA 90046	WEB				13.00
Parkview Business Services Grand Terrace, CA 92313	PRO				425.00
LP Campaigns West Hollywood, CA 90046	CNS				2,013.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTO				SUBTOTAL\$	2,451.00

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	2,451.00
2. Unitemized payments made this period of under \$100 \$	35.72
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	2,486.72

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cover	2024	CALIFC FOR	
SEE INSTRUCTIONS ON REVERSE			through	2024	Page	7 of 8
NAME OF FILER			1		I.D. NUMB	ER
Kim Knaus for City Council 2024					146213	7
CODES:       If one of the following codes accurately describe         CMP       campaign paraphernalia/misc.         CNS       campaign consultants         CTB       contribution (explain nonmonetary)*         CVC       civic donations         FIL       candidate filing/ballot fees         FND       fundraising events         IND       independent expenditure supporting/opposing others (explain)*         LEG       legal defense         LIT       campaign literature and mailings	es the payment, you may MBR member communicatio MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services	RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	d production cost butions ers' salaries ime and production I, lodging, and me vel, lodging, and in committees of on	on costs eals meals the same	e candidate/sponsor nail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	<b>(b)</b> AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAIL THIS PERIOE (ALSO REPORT ON	<b>)</b>	<b>(d)</b> OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
HSG Campaigns Pasadena, CA 91101	CMP	0.00	6,282.13		0.00	6,282.13
HSG Campaigns Pasadena, CA 91101	CMP	0.00	6,282.13		0.00	6,282.13
HSG Campaigns Pasadena, CA 91101	CMP	0.00	6,282.13		0.00	6,282.13
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	18,846.39 <b>\$</b>	;	0.00\$	18,846.39
Schedule F Summary						
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized</li> </ol>			INCU	RRED TOTAL	.S \$	32,526.23
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized				PAID TOTAL	.s \$	0.00
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. En	ter the difference here and	d			τ¢	32 526 23

www.netfile.com

#### SCHEDULE F (CONT.)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from01/21/2024	CALIFORNIA FORM 460
		through02/17/2024	Page 8 of 8
NAME OF FILER			I.D. NUMBER
Kim Knaus for City Council 2024			1462137

## CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- independent expenditure supporting/opposing others (explain)\* IND

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

- legal defense LEG
- campaign literature and mailings LIT

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- petition circulating PET
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	<b>(b)</b> AMOUNT INCURRED THIS PERIOD	<b>(C)</b> AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
HSG Campaigns Pasadena, CA 91101	CMP	0.00	6,282.13	0.00	6,282.13
HSG Campaigns Pasadena, CA 91101	СМР	0.00	6,510.24	0.00	6,510.24
Viewpoint Advocacy Rancho Cucamong, CA 91730	FND	0.00	887.47	0.00	887.47
	SUBTOTALS	\$ 0.00	<b>\$</b> 13,679.84	\$ 0.00	\$ 13,679.84

								COVER PAGE
Ca Ca	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.	5)				Date Stamp		IFORNIA 460
,00		,		Statement covers period	Date of election if applicable:	07/22/2024 14:46:37	Bag	e of1
			fro	<b>m</b> 02/18/2024	(Month, Day, Year)	Filing ID:	Fage	For Official Use Only
						211758093	J	
SEE	INSTRUCTIONS ON REVERSE		thr	ough06/30/2024				
1.	Type of Recipient Committee:	All Commit	tees – Complet	te Parts 1, 2, 3, and 4.	2. Type of Statement:			
	<ul> <li>Officeholder, Candidate Controlled C</li> <li>State Candidate Election Commit</li> <li>Recall (Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Political Party/Central Committee</li> </ul> Committee Information COMMITTEE NAME (OR CANDIDATE'S NAM Kim Knaus for City Council 20	E IF NO COM	Comm Comm Co Sp (Also Co Priman Officel (Also Co I.D. NU 1462	ntrolled oonsored <i>mplete Part 6)</i> rily Formed Candidate/ holder Committee <i>mplete Part 7)</i> MBER	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Statement (Explain b) Amendment (Explain b) Treasurer(s) NAME OF TREASURER Robert Rego MAILING ADDRESS	ermination)	Quarterly Sta Special Odd Supplementa Statement - /	-Year Report
	STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
					Grand Terrace	CA	92313	
	CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
	Grand Terrace	CA	92313	(909)496-1210				
	MAILING ADDRESS (IF DIFFERENT) NO. AN	ND STREET (	OR P.O. BOX		MAILING ADDRESS			
	СІТҮ	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDF	RESS		
	robert@rego.com				robert@rego.com			

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on	07/06/2024 Date	. By	Robert Rego Signature of Treasurer or Assistant Treasurer	-
Executed on	07/06/2024 Date	. By	Kim Knaus Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	-
Executed on	Date	. Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	-
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	- FPPC Form 46

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

## NAME OF OFFICEHOLDER OR CANDIDATE

#### Kim Knaus

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)										
City Counc	il Member:	City o	f San	Bernardi	no District	5				
RESIDENTIAL/	BUSINESS AD	DRESS (N	NO. AND	STREET)	CITY		STATE	ZIP		
					San Bernar	dino	CA	92407		

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.* 

COMMITTEE NAME			I.D. NUMBER	2
NAME OF TREASURER				
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO)	()	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBER	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO)	()	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

# 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT

Attach continuation sheets if necessary

COVER PAGE - PART 2

**CALIFORNIA** 

FORM

Page \_\_\_\_\_ of \_\_\_\_1

Campaign Disclosure Statement Summary Page		nounts may be round to whole dollars.	ed	S	02/18/2024	CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE				through	igh06/30/2024	_ Page3 of1		
NAME OF FILER					-	I.D. NUMBER		
Kim Knaus for City Council 2024						1462137		
Contributions Received	(F	<b>Column A</b> TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		mmary for Candidates the State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$	12,250.00	\$	29,299.0	<u>0</u>			
2. Loans Received Schedule B, Line 3		0.00		50.0	<u>0</u> 1/1	through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	12,250.00	\$	29,349.0	0 20. Contributions Received \$	\$		
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.0	0 21 Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	12,250.00	\$	29,349.0		\$		
Expenditures Made					Expenditure Limit	Summary for State		
6. Payments Made Schedule E, Line 4	\$	37,966.11	\$	56,768.7		•		
7. Loans Made Schedule H, Line 3		0.00		0.0		ive Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	37,966.11	\$	56,768.7	9 (If Subject	to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		-26,015.99		6,510.2	4 Date of Election	Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.0	0 (mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	11,950.12	\$	63,279.0	<u>3</u> //	\$		
Current Cash Statement					//////	\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	37,925.42	То	o calculate Column B, a	dd			
13. Cash Receipts Column A, Line 3 above		12,250.00	an	nounts in Column A to prresponding amounts	the			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your la	reported in Column B.	may be different from amounts		
15. Cash Payments Column A, Line 8 above		37,966.11		port. Some amounts in olumn A may be negati	1 .			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	12,209.31	fig	jures that should be ibtracted from previou				
If this is a termination statement, Line 16 must be zero.			ре	eriod amounts. If this is eriod amounts. If this is e first report being file	5			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, o arry over the amounts				
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (i ny).				
18. Cash Equivalents See instructions on reverse	\$	0.00						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	6,560.24						

Schedule	Δ							SC	HEDULE A		
	Monetary Contributions Received		ts may be rounded whole dollars.	Statement cov	-	CALIFORNIA FORM 460					
	DNS ON REVERSE			through	024	Page	4	of .	11		
NAME OF FILER							JMBER				
Kim Knoug f	or City Council 2024					1462					
KIM KHAUS I											
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR		R ELEO TO DA REQU			
02/19/2024	Aldi Ujkaj Newport Beach, CA 2625	∑IND □COM □OTH □PTY □SCC	N/A N/A	500.00		500.00	P2024		\$500.00		
02/20/2024	Joseph Williams Ontario, CA 92761	∑IND □COM □OTH □PTY □SCC	Administrator Rialto Unified School District	100.00		100.00	P2024		\$100.00		
02/21/2024	Lula Bell San Bernardino, CA 92407	∐IND     □COM     □OTH     □PTY     □SCC	Retired Retired	100.00		100.00	P2024		\$100.00		
02/22/2024	International Brotherhood of Electrical Workers Local 477 (ID# 1301934) San Bernardino, CA 92408	□IND IND COM OTH PTY SCC		5,500.00	5,	500.00	P2024	:	\$5,500.00		
02/28/2024	Inland Empire Business Alliance (ID# 1389921) Upland, CA 91784	☐IND X COM ☐OTH ☐ PTY ☐ SCC		2,500.00	5,	500.00	P2024	:	\$5,500.00		
			SUBTOTAL \$	8,700.00							
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	12,200.00	IND-	ntributor ( – Individu 1 – Recipi (other	al				
2. Amount re	eceived this period – unitemized monetary contribution	s of less than	\$100	50.00		I – Other	(e.g., b				
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu					– Politica – Small (		tor Cor	mmittee		

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## www.netfile.com

Schedule A (Continuation Sheet) Monetary Contributions Received					2024 2024	SCHEDULE A (CONT. CALIFORNIA FORM 460 Page 5 of 11		
NAME OF FILER						I.D. NUM	IBER	
Kim Knaus fo:	r City Council 2024					146213	37	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TC CALENDAR YI (JAN. 1 - DEC.	EAR	Т	ELECTION O DATE EQUIRED)
03/01/2024	Southern California District Council of Laborers PAC (ID# 1358150) Long Beach, CA 90802	□IND □COM □OTH □PTY ⊠SCC		2,500.00	2,5	00.00 F	2024	\$2,500.00
03/13/2024	Faye Aldridge San Bernardino, CA 92405	IND     COM     OTH     PTY     SCC	Social Worker Self	50.00	1	00.00 0	32024	\$100.00
04/09/2024	Faye Aldridge San Bernardino, CA 92405	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Social Worker Self	50.00	1	00.00 0	32024	\$100.00
05/07/2024	JSE Management Inc Mission Viejo, CA 92691	□ IND □ COM ⊠ OTH □ PTY □ SCC		500.00		00.00 0		\$500.00
06/10/2024	Terrance Stone San Bernardino, CA 92407	X IND COM OTH PTY SCC	Young Visionaries CEO	100.00	1	00.00	52024	\$100.00
			SUBTOTAL	<b>\$</b> 3,200.00		•		

\*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received					2024	SCHEDULE A (CONT.) CALIFORNIA 460 FORM Page 6 of 11		
NAME OF FILER						I.D. NUI		
Kim Knaus fo	r City Council 2024		1	1		14621	37	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	тс	ELECTION D DATE EQUIRED)
06/13/2024	Mike Cohen San Bernardino, CA 92407	∑IND COM OTH PTY SCC	Retired Retired	100.00		00.00		\$100.00
06/18/2024	Terry Boyking San Bernardino, CA 92407	⊠IND □COM □OTH □PTY □SCC	Executive Director Project Fighting Chance	100.00	10	0.00	G2024	\$100.00
06/29/2024	Jennifer Blair San Bernardino, CA 92407	IND     COM     OTH     PTY     SCC	RN LLUMC	100.00	10	00.00	G2024	\$100.00
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	<b>\$</b> 300.00				

\*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

Cabadula E		SCHEDULE E				
Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460			
Payments Made	to whole dollars.	from02/18/2024	FORM <b>FOU</b>			
SEE INSTRUCTIONS ON REVERSE		through06/30/2024	Page7 of11			
NAME OF FILER			I.D. NUMBER			
Kim Knaus for City Council 2024			1462137			

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
HSG Campaigns Pasadena, CA 91101		CMP				6,282.13
HSG Campaigns Pasadena, CA 91101		CMP				6,282.13
HSG Campaigns Pasadena, CA 91101		CMP				6,282.13
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$					18,846.39	

# Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	37,913.11
2. Unitemized payments made this period of under \$100 \$	53.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	37,966.11

Schedule E         (Continuation Sheet)       Amounts may be rounded         Payments Made       to whole dollars.			Statement covers period from02/18/2024	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE			through06/30/2024	Page8 of11
NAME OF FILER				I.D. NUMBER
Kim Knaus for City Council 2024				1462137
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ises lating	RAD       radio airtime and production         RFD       returned contributions         SAL       campaign workers' salaries         TEL       t.v. or cable airtime and pro         TRC       candidate travel, lodging, ar         TRS       staff/spouse travel, lodging,         es       TSF	n costs duction costs ad meals and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HSG Campaigns Pasadena, CA 91101		CMP		6,282.13

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$			
Move the Needle Campaigns San Bernardino, CA 92411	FND		2,550.00
Move the Needle Campaigns San Bernardino, CA 92411	СМР		1,578.44
Viewpoint Advocacy Rancho Cucamong, CA 91730	FND		887.47
Viewpoint Advocacy Rancho Cucamong, CA 91730	FND		391.68
Pasadena, CA 91101	CMP		0,202.13

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do			Statement covers pe from02/18/2024	califo	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kim Knaus for City Council 2024				through	Page I.D. NUME 146213	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may enter the code. Oth MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			RAD radio airtime and r RFD returned contribut SAL campaign workers TEL t.v. or cable airtim TRC candidate travel, lo TRS staff/spouse travel TSF transfer between VOT voter registration	broduction costs ions s' salaries e and production costs	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Move the Needle Campaigns San Bernardino, CA 92411		LIT				900.00
LP Campaigns West Hollywood, CA 90046		CNS				4,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$			<b>5</b> 7,377.00
LP Campaigns West Hollywood, CA 90046	CNS		1,539.00
Parkview Business Services Grand Terrace, CA 92313	PRO		925.00
LP Campaigns West Hollywood, CA 90046	WEB		13.00
West Hollywood, CA 90046			4,000.00

SCHEDULE F

chedule F ccrued Expenses (Unpaid Bills) to whole dollars.			Statement cove from02/18/2 through06/30/2	2024 FC	ORNIA 460
SEE INSTRUCTIONS ON REVERSE				raye.	
NAME OF FILER				I.D. NUM	IBER
Kim Knaus for City Council 2024				14621	37
CODES:If one of the following codes accurately describeCMPcampaign paraphernalia/misc.CNScampaign consultantsCTBcontribution (explain nonmonetary)*CVCcivic donationsFILcandidate filing/ballot feesFNDfundraising eventsINDindependent expenditure supporting/opposing others (explain)*LEGlegal defenseLITcampaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and the PRO professional services ( PRT print ads	nces earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs outions ers' salaries time and production cost I, lodging, and meals ivel, lodging, and meals en committees of the sal	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	<b>(a)</b> OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	<b>(b)</b> AMOUNT INCURRED THIS PERIOD	<b>(C)</b> AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	<b>(d)</b> OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
HSG Campaigns Pasadena, CA 91101	CMP	6,282.13	0.00	6,282.13	0.00
HSG Campaigns Pasadena, CA 91101	CMP	6,282.13	0.00	6,282.13	0.00
HSG Campaigns Pasadena, CA 91101	CMP	6,282.13	0.00	6,282.13	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	<b>1</b> 8,846.39 <b>\$</b>	0.00\$	18,846.39	0.00
<ul> <li>Schedule F Summary</li> <li>1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized all S. Total accrued expenses paid this period. (Include all Scheduler)</li> </ul>	accrued expenses under \$	\$100.)	INCU	RRED TOTALS \$	0.00
<ol> <li>accrued expenses of \$100 or more, plus total unitemized</li> <li>Net change this period. (Subtract Line 2 from Line 1. En</li> </ol>	payments on accrued expe	enses under \$100.).		. PAID TOTALS \$ _	26,015.99
on the Summary Page, Column A, Line 9.)				NET \$	-26 , 015 . 99 ay be a negative number

#### SCHEDULE F (CONT.)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from02/18/2024	CALIFORNIA FORM 460
		through06/30/2024	Page <u>11</u> of <u>11</u>
NAME OF FILER			I.D. NUMBER
Kim Knaus for City Council 2024			1462137

## CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- independent expenditure supporting/opposing others (explain)\* IND

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

- legal defense LEG
- campaign literature and mailings LIT

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- petition circulating PET
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	<b>(a)</b> OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	<b>(b)</b> AMOUNT INCURRED THIS PERIOD	<b>(C)</b> AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	<b>(d)</b> OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
HSG Campaigns Pasadena, CA 91101	CMP	6,282.13	0.00	6,282.13	0.00
HSG Campaigns Pasadena, CA 91101	СМР	6,510.24	0.00	0.00	6,510.24
Viewpoint Advocacy Rancho Cucamong, CA 91730	FND	887.47	0.00	887.47	0.00
	SUBTOTALS	<b>\$</b> 13,679.84	\$ 0.00	<b>\$</b> 7,169.60	<b>\$</b> 6,510.24

							COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 842	t				Date Stamp		IFORNIA 460
SEE INSTRUCTIONS ON REVERSE		from throug	atement covers period 07/01/2024 gh09/21/2024	Date of election if applicable: (Month, Day, Year)	09/25/2024 23:01:28 Filing ID: 212166141		1 of9 For Official Use Only
1. Type of Recipient Con	mittee: All Committees	- Complete P	arts 1 2 3 and 1	2. Type of Statement:			
<ul> <li>Officeholder, Candidate C</li> <li>State Candidate Election</li> <li>Recall (Also Complete Part 5)</li> <li>General Purpose Committ</li> <li>Sponsored</li> <li>Small Contributor Com</li> <li>Political Party/Central C</li> </ul>	on Committee	Committe Contro Spons (Also Comple	olled sored <i>te Part 6)</i> Formed Candidate/ ler Committee	<ul> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement (Also file a Form 410 Termination)</li> <li>Amendment (Explain b</li> </ul>	ermination)	Quarterly Sta Special Odd- Supplementa Statement - A	Year Report
	n	I.D. NUMBE		Treasurer(s)			
3. Committee Informatio		146213	7				
COMMITTEE NAME (OR CANDID		1462135 TEE)	7	NAME OF TREASURER			
	ATE'S NAME IF NO COMMIT		7	NAME OF TREASURER Robert Rego			
COMMITTEE NAME (OR CANDID	ATE'S NAME IF NO COMMIT		7				
COMMITTEE NAME (OR CANDID	ATE'S NAME IF NO COMMIT uncil 2024		7	Robert Rego	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME (OR CANDID Kim Knaus for City Co	ATE'S NAME IF NO COMMIT uncil 2024		7	Robert Rego MAILING ADDRESS	STATE CA	ZIP CODE 92313	AREA CODE/PHONE
COMMITTEE NAME (OR CANDID Kim Knaus for City Co	ATE'S NAME IF NO COMMIT uncil 2024 X)		AREA CODE/PHONE	Robert Rego MAILING ADDRESS	CA		AREA CODE/PHONE
COMMITTEE NAME (OR CANDID Kim Knaus for City Co STREET ADDRESS (NO P.O. BO	ATE'S NAME IF NO COMMIT uncil 2024 X) STATE ZI	TEE)		Robert Rego MAILING ADDRESS CITY Grand Terrace	CA		AREA CODE/PHONE
COMMITTEE NAME (OR CANDID Kim Knaus for City Co STREET ADDRESS (NO P.O. BO	ATE'S NAME IF NO COMMIT uncil 2024 X) STATE ZI CA	P CODE 92313	AREA CODE/PHONE	Robert Rego MAILING ADDRESS CITY Grand Terrace	CA		AREA CODE/PHONE
COMMITTEE NAME (OR CANDID Kim Knaus for City Co STREET ADDRESS (NO P.O. BO CITY Grand Terrace	ATE'S NAME IF NO COMMIT uncil 2024 X) STATE ZI CA S ENT) NO. AND STREET OR F	P CODE 92313	AREA CODE/PHONE	Robert Rego MAILING ADDRESS CITY Grand Terrace NAME OF ASSISTANT TREASUM	CA		AREA CODE/PHONE
COMMITTEE NAME (OR CANDID Kim Knaus for City Co STREET ADDRESS (NO P.O. BO CITY Grand Terrace MAILING ADDRESS (IF DIFFERE	ATE'S NAME IF NO COMMIT uncil 2024 X) STATE ZI CA STATE ZI STATE ZI	P CODE 92313 2.0. BOX	AREA CODE/PHONE (909)496-1210	Robert Rego MAILING ADDRESS CITY Grand Terrace NAME OF ASSISTANT TREASUS MAILING ADDRESS	CA RER, IF ANY STATE	92313	

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on	09/25/2024 Date	By .	Robert Rego Signature of Treasurer or Assistant Treasurer	
Executed on	09/25/2024 Date	By _	Kim Knaus Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	Date	By _	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	. Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

# Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

## NAME OF OFFICEHOLDER OR CANDIDATE

#### Kim Knaus

OFFICE SOUGHT	OR HELD (I	NCLUD	E LOCATIO	ON AND DIS	TRICT NUMBER	IF AP	PLICABLI	E)
City Council	Member:	City	of San	Bernardi	no District	5		
RESIDENTIAL/BU	SINESS ADD	DRESS	(NO. AND	STREET)	CITY		STATE	ZIP
					San Bernar	dino	CA	92407

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.* 

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (	NO P.O. BO	X)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (	NO P.O. BO	X)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE

# 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

# 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

### COVER PAGE - PART 2

CALIFORNIA

FORM

Page \_\_\_\_\_ of \_\_\_\_

Campaign Disclosure Statement Summary Page		nounts may be round to whole dollars.	led	St: from	atement covers period	CALIFORNIA FORM 46
SEE INSTRUCTIONS ON REVERSE				throu	gh09/21/2024	Page3 of9
NAME OF FILER						I.D. NUMBER
Kim Knaus for City Council 2024						1462137
Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		CALENDAR YEAR TOTALTO DATE		mmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	13,549.00	\$	42,848.00		
2. Loans Received Schedule B, Line 3		0.00		50.00	1/1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	13,549.00	\$	42,898.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	13,549.00	\$	42,898.00		\$
Expenditures Made					Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	11,836.21	\$	68,605.00		•
7. Loans Made Schedule H, Line 3		0.00		0.00		ive Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	11,836.21	\$	68,605.00		to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		6,510.24	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	11,836.21	\$	75,115.24	//	\$
Current Cash Statement					///	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	12,209.31	Тс	calculate Column B, ad	d	
13. Cash Receipts Column A, Line 3 above		13,549.00	ar	nounts in Column A to the presponding amounts	e	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your las	*Amounts in this section reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8 above		11,836.21		port. Some amounts in olumn A may be negativ		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	13,922.10	fig	jures that should be		
If this is a termination statement, Line 16 must be zero.			pe	btracted from previous eriod amounts. If this is e first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, on arry over the amounts	у	
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if ny).		
18. Cash Equivalents See instructions on reverse	\$	0.00				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	6,560.24	I			

Schedule	Δ							SCHEDULE A	
	Contributions Received		ts may be rounded whole dollars.	Statement covers period from07/01/2024		CALIFORNIA FORM 460			
SEE INSTRUCTIO	DNS ON REVERSE			through	024	Page .	4	of	
NAME OF FILER						I.D. NU	MBER		
Kim Knaus f	or City Council 2024					14621	37		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	т	ELECTION D DATE EQUIRED)	
07/17/2024	Patricia Battle Rialto, CA 92337	⊠IND □COM □OTH □PTY □SCC	Retired Retired	500.00	E	500.00			
07/17/2024	Khan D'Kulia Management Inc San Bernardino, CA 92404	□IND □COM ☑OTH □PTY □SCC		500.00	1,5	500.00 G	G2024	\$1,000.00	
08/19/2024	Build a Stronger California,Sponsored by Western States Regional Council of Carpenters (ID# 870169) Los Angeles, CA 90071	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		4,500.00	4,5	500.00 G	G2024	\$4,500.00	
08/22/2024	Joseph Williams Ontario, CA 92761	XIND COM OTH PTY SCC	Administrator Rialto Unified School District	150.00	2	250.00 F	2024	\$100.00	
08/28/2024	Californians for Safer Neighborhoods (ID# 1464983) Grand Terrace, CA 92313	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		249.00	2	249.00 G	G2024	\$249.00	
			SUBTOTAL \$	5,899.00					
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	13,399.00	IND – COM	(other t	al ent Comm than PTY	or SCC)	
2. Amount re	eceived this period – unitemized monetary contributions	s of less than	\$100 \$	150.00		<ul> <li>Other (</li> <li>Political</li> </ul>		ness entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.	) <b>TOTAL \$</b>	13,549.00				Committee	

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					ers period 2024 2024	SCHEDULE A (CONT CALIFORNIA FORM 460 Page 5 of 9		
NAME OF FILER						I.D. NUI	MBER	
Kim Knaus fo	r City Council 2024					14621	37	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEIF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		YEAR TO DATE	
08/28/2024	Aldi Uikaj Newport Beach, CA 92625	IND     COM     OTH     PTY     SCC	Director Unknown Business Name	1,000.00	1,0	000.00	G2024	\$1,000.00
08/29/2024	Khan D'Kulia Management Inc San Bernardino, CA 92404	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,5	500.00	G2024	\$1,000.00
09/05/2024	James Ramos Highland, CA 92346	IND □COM □OTH □PTY □SCC	Assembly Member, 45th District State of California	5,500.00	5,5	500.00	P2024 G2024	\$5,500.00 \$5,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	<b>\$</b> 7,500.00		·		

\*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

Sahadula E		[	SCHEDULE E
Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from07/01/2024	FORM <b>FOU</b>
SEE INSTRUCTIONS ON REVERSE		through09/21/2024	Page6 of9
NAME OF FILER			I.D. NUMBER
Kim Knaus for City Council 2024			1462137

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
LP Campaigns West Hollywood, CA 90046	CNS				1,539.00
CA Slates (ID# 1401551) Long Beach, CA 90802	LIT				823.60
Viewpoint Advocacy Rancho Cucamong, CA 91730	LIT				499.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			D.	SUBTOTAL \$	2,861.60

# Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	11,696.98
2. Unitemized payments made this period of under \$100 \$	139.23
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	11,836.21

Schedule E				SCHEDULE E (CONT.)
(Continuation Sheet)	Amounts may be to whole do		Statement covers period	CALIFORNIA 460
Payments Made	to whole do	Julais.	from07/01/2024	FORM <b>TOO</b>
SEE INSTRUCTIONS ON REVERSE			through09/21/2024	Page7 of9
NAME OF FILER				I.D. NUMBER
Kim Knaus for City Council 2024				1462137
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.CMPcampaign paraphernalia/misc.MBRmember communicationsRADradio airtime and production costsCNScampaign consultantsMTGmeetings and appearancesRFDreturned contributionsCTBcontribution (explain nonmonetary)*OFCoffice expensesSALcampaign workers' salariesCVCcivic donationsPETpetition circulatingTELt.v. or cable airtime and production costsFILcandidate filing/ballot feesPHOphone banksTELt.v. or cable airtime and production costsFNDfundraising eventsPOLpolling and survey researchTRSstaff/spouse travel, lodging, and mealsNDindependent expenditure supporting/opposing others (explain)*POSpostage, delivery and messenger servicesTSFtransfer between committees of the samLEGlegal defensePROprofessional services (legal, accounting)VOTvoter registrationLTcampaign literature and mailingsPRTprint adsWEBinformation technology costs (internet, e-				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LP Campaigns West Hollywood, CA 90046		CNS		2,013.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$			SUBTOTAL \$	7,107.00
LP Campaigns West Hollywood, CA 90046	CNS			2,026.00
				1,400.00
COPS Voter Guide (ID# 599014) Sacramento, CA 95821	LIT			400.00
City of San Bernardino San Bernardino, CA 92401	FIL			1,268.00

Schedule E (Continuation Sheet) Amounts may b Payments Made to whole d				Statement covers period from07/01/2024	SCHEDULE E (CON CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE				through09/21/2024	Page8 of9           I.D. NUMBER
Kim Knaus for City Council 2024					1462137
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearance ises lating survey resear ivery and me	S	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	n costs duction costs nd meals and meals es of the same candidate/sponse
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Larry Levine's Election Digest (ID# 1345303) Torrance, CA 90505		LIT			600.
- PDI Norwalk, CA 90652		CMP			900.
Copy Plus Printing San Bernardino, CA 92407		CMP			228.

**SUBTOTAL \$** 1,728.38

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SCHEDULE F

chedule F ccrued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.			Statement cove from07/01/2 through09/21/2	2024 FC	<sup>9</sup> of 9	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						
NAME OF FILER				I.D. NUM	IBER	
Kim Knaus for City Council 2024				14621	37	
CODES:       If one of the following codes accurately describe         CMP       campaign paraphernalia/misc.         CNS       campaign consultants         CTB       contribution (explain nonmonetary)*         CVC       civic donations         FIL       candidate filing/ballot fees         FND       fundraising events         IND       independent expenditure supporting/opposing others (explain)*         LEG       legal defense         LIT       campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	herwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	<b>(a)</b> OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	<b>(b)</b> AMOUNT INCURRED THIS PERIOD	<b>(C)</b> AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	<b>(d)</b> OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
HSG Campaigns Pasadena, CA 91101	CMP	6,510.24	0.00	0.00	6,510.24	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$ 6,510.24 <b>\$</b>	0.00\$	0.00\$	6,510.24	
Schedule F Summary	Schodulo E. Column (h) cu	btotala for				
<ol> <li>Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$</li> </ol>						
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized				. PAID TOTALS \$ _	0.00	
3. Net change this period. (Subtract Line 2 from Line 1. Entron the Summary Page, Column A, Line 9.)				NET \$	0.00 ay be a negative number	

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