

**General Information**

Name: Ms Katie Knight  
Address: 353 NE MARION ST, MADISON, FL 32340 PID 302419  
County: Madison

**AGENCY INFORMATION**

| Organization                      | Suborganization                | Title                             |
|-----------------------------------|--------------------------------|-----------------------------------|
| Dst. School Bd. Of Madison County | Elected Constitutional Officer | School Board Member<br>District I |

**Net Worth**

My Net Worth as of December 31, 2022 was \$ 225,000.00.

**Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is N/A.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| N/A                  |                |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A              |                     |                     |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A              |                     |                     |

**Income**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

☐ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount      |
|--------------------------------------------|-----------------------------|-------------|
| Knight Ins                                 | 353 NE Marion St            | \$ 6,500.00 |

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

| Business Entity         | Major Sources of Business Income | Address                            | Principal Business Activity of Source |
|-------------------------|----------------------------------|------------------------------------|---------------------------------------|
| Knight Insurance Agency | Agency                           | 353 NE Marion St Madison, FL 32340 | Insurance                             |

**Interests in Specified Businesses****Business Entity # 1**

N/A

**Training**

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

***Katie Knight***

Digitally signed: 07/03/2023

Filed with COE: 07/03/2023