



UTAH STATE SENATE CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. Name: PETER C. KNUDSON

2. Employment:

Primary Employer	Brief description of employment	Occupation or job title
PETER C. KNUDSON DDS, MS, PC	DENTIST PROVIDING ORTHODONTICS TREATMENT	ORTHODONTIST

3. Entities which you own or of which you are an officer:

Name of entity	Type of activity conducted by the entity	Your position/interest in the entity
PETER C. KNUDSON, DDS, M.S., PC	ORTHODONTICS TREATMENT	ORTHODONTIST OWNER

4. Each entity that has paid \$5,000 in income to you within the one-year period prior to the date of this form:

Name of entity	Type of activity by the entity
PETER C. KNUDSON, DDS, MS, PC, SOCIAL SECURITY ADMINISTRATION, US DEPT OF DEFENSE PERSONAL IRA ACCOUNT	ORTHODONTICS TREATMENT RETIREMENT MILITARY RETIREMENT RETIREMENT

5. Each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this form (does not include funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds):

Name of entity	Type of activity conducted by the entity
CADUREX	ELECTRONIC MEDICAL RECORDS

6. Organization or entity, other than listed above, for which you serve on the board of directors or in any other formal advisory capacity:

Name of entity	Type of activity conducted by the entity	Your position/interest in the entity

7. Real property in which you hold an owner or other financial interest that you believe may constitute a conflict of *interest (optional)*:

Description of real property	Description of interest held

8. Name of spouse and any other adult residing in your household that is not related by blood or marriage:

GEORGIANNA W. KNUDSON

9. Information for your spouse and any other adult residing in your household that is not related to you by blood or marriage, as applicable:

Name	Brief description of employment	Occupation
GEORGIANNA W. KNUDSON	DR. DAVID LEWIS	MEDICAL ASSISTANT

10. Any other matter or interest you believe may constitute a conflict of interest:

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I certify that I believe the information provided in this form is true and accurate to the best of my knowledge:

(Signature) S/PETER C. KNUDSON (Date) 1/31/2011

Received by the Secretary of the Senate:

(Signature) S/ANNETTE MOORE (Date) 1/31/2011

(See 2010 General Session, HB 270, page 13, 14 - i, ii, iii, iv, v, vi, vii, viii, ix, x)

Revised July 2010