FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

CONFIDENTIAL

PROCESSED

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUN 28 2018
RECEIVED

**********AUTO**MIXED AADC 323 T8 P1 85 1334
Thomas Michael Knight
Sheriff
Sarasota County
Elected Constitutional Officer
[redacted]
[redacted]

ID Code
ID No. 66074
Conf. Code C
Knight, Thomas Michael

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of June 25, 20 18 was $ 1,229,700.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is $ 20,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See attached		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

T M. K

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me this 25th day of June, 2018 by Thomas M. Knight

Oralia F. Rushing

(Signature of Notary Public--State of Florida)

Oralia F. Rushing

(Print, Type, or Stamp Commissioned Name of Notary Public)

ORALIA F. RUSHING
Commission # FF 235726
Expires July 8, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ _____
Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

Thomas M. Knight

Form 6 Full and Public Disclosure of Financial Interests as of 07/01/18

	A	B	C	D	E
1					
2					
3	Parts A, B, C				
4					
5	ASSETS				
6					
7	**Real Property**				
8	Primary residence: [redacted]	$ 750,000.00			
9	Investment: 8560 Amberjack Cir. Cape Haze, FL (75% ownership)	$ 180,000.00			
10					
11	**Securities/Investments/Cash**				
12	Wells Fargo Brokerage Accounts	$ 186,000.00			
13	Hartford Deferred Compensation	$ 160,000.00			
14	FRS DROP (cash-out value as of 7/1)	$ 501,000.00			
15	Prudential Insurance Stock	$ 1,700.00			
16	Premier Community Bank Stock	$ 30,000.00			
17					
18	**Vehicles**				
19	2012 Honda Civic	$ 5,000.00			
20	2014 GMC Acadia	$ 16,000.00			
21	2000 Key West boat	$ 4,000.00			
22					
23	**Other**				
24	Miscellaneous Household Effects	$ 20,000.00			
25		$ 1,853,700.00			
26					
27	LIABILITIES				
28					
29	Primary residence: BB&T BB&T Payment Center PO Box 580022 Charlotte, NC 28258-0022		$412,000.00		
30	Investment property: Nationstar Mortgage PO Box 619063 Dallas, TX 7251-9063 (75%)		$195,000.00		
31	Auto Loan - Ally Financial PO Box 45224 Jacksonville, FL 32232-5224		$17,000.00		
32			$624,000.00		
33	**NET WORTH**			**$1,229,700.00**	
34					
35					
36					

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	A	B	C	D	E
37					
38					
39					
40					
41	PART D - INCOME				
42					
43	**Primary Income Source**	**Address**		**Amount**	
44	Sarasota County Sheriff's Office	PO Box 4115		$133,738 (2017 wages)	
45		Sarasota, FL 34230			
46					
47	**Secondary Income Source**	**Address**		**Amount**	
48	Rental income	8560 Amberjack Cir.		$11,812 (75% of 2017 rents)	
49	Condo in "The Hammocks"	Cape Haze, FL 33946			
50					
51					
52	PART E				
53	Not applicable				