# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

**CONFIDENTIAL**

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA COMMISSION ON ETHICS

JUL 12 2021

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THOMAS MICHAEL KNIGHT
SHERIFF
Sarasota County
Elected Constitutional Officer
6010 CATTLERIDGE DR
SARASOTA FL 34232-6060

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, 2020 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 Dec 31, 20 ____ was $ 1,479,700.00.

## 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 $ _____

**ASSETS INDIVIDUALLY VALUED AT OVER $1,000:**

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

## PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| | |
| | |
| See attachment | |
| | |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| N/A | |
| | |
| | |



(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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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 |
|---|---|---|
| Sarasota County Sheriff's Office | 6010 Cattleridge Blvd. | $162k /annual |
| | Sarasota, FL 34232 | |

**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 | | N/A | |
| POSITION HELD WITH ENTITY | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

## PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ **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.

Thomas M. Knight

**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

**STATE OF FLORIDA**
**COUNTY OF** Sarasota

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 7th day of July, 2021 by Thomas M. Knight.

Jennifer A. Fett

(Signature of Notary Public--State of Florida)

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

JENNIFER A. FETT
MY COMMISSION # GG 208184
EXPIRES: July 1, 2022
Bonded Thru Notary Public Underwriters

Personally Known _____

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 Knight

Form 6 Full and Public Disclosure of Financial Interests as of 12/31/2020

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | **Part A - Net Worth** | **$** | **1,479,700.00** | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | **Part B - Assets** | | | | |
| 6 | | | | | |
| 7 | **Real Property** | | | | |
| 8 | Primary residence: [redacted] | $ 800,000.00 | | | |
| 9 | | | | | |
| 10 | **Vehicles** | | | | |
| 11 | 2012 Honda Civic | $ 4,000.00 | | | |
| 12 | 2014 GMC Acadia | $ 11,000.00 | | | |
| 13 | 2000 Key West boat | $ 4,000.00 | | | |
| 14 | Miscellaneous household effects | $ 20,000.00 | | | |
| 15 | | | | | |
| 16 | **Intangible Property** | | | | |
| 17 | Fidelity investment accounts | $ 230,000.00 | | | |
| 18 | Joint bank accounts | $ 15,000.00 | | | |
| 19 | Hartford Deferred Compensation | $ 220,000.00 | | | |
| 20 | FRS DROP cash out value | $ 545,000.00 | | | |
| 21 | Nationwide Annuity | $ 29,000.00 | | | |
| 22 | Total | **$ 1,878,000.00** | | | |
| 23 | | | | | |
| 24 | **Part C - Liabilities** | | | | |
| 25 | Primary residence: BB&T<br>BB&T Payment Center<br>PO Box 580022<br>Charlotte, NC 28258-0022 | | $ 392,000.00 | | |
| 26 | Auto Loan - Ally Financial<br>PO Box 45224<br>Jacksonville, FL 32232-5224 | | $ 6,300.00 | | |
| 27 | Total | | **$ 398,300.00** | | |
| 28 | | | | | |
| 29 | **Part D - Income** | | | | |
| 30 | Primary income | $5,876 per pay period | | | |
| 31 | Sarasota County Sheriffs Office | | | | |