

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2009 FINANCIAL INTERESTS



Thomas Michael Knight
 Sheriff
 Sarasota County
 Elected Constitutional Officer
 PO BOX 4115
 SARASOTA, FL 34230-4115

PROCESSED

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS

DATE RECEIVED

JUN 14 2010

ID Code



ID No.

66074

Conf. Code

P Req. Code

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, 2009, 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 1, 2010 was \$ 1,225,745.00

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

The aggregate value of my household goods and personal effects (described above) is \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>See ATTACHED</u>	

PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>see ATTACHED</u>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below

I elect to file a copy of my 2009 federal income tax return (If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
<i>See Attached</i>		

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

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


	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			

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

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.

STATE OF FLORIDA
 COUNTY OF Sarasota
 Sworn to (or affirmed) and subscribed before me this 1st day of

June, 2010 by Thomas M. Knight

 (Signature of Notary Public--State of Florida)

 **Oralia F. Rushing**
 COMMISSION # DD692799
 EXPIRES: JULY 08, 2011
 WWW.AARONNOTARY.COM

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


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known XXX OR Produced Identification _____

Type of Identification Produced _____


FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
 OTHER FORMS you may need to file are described on page 6.

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No 1545-0008
a Employee's soc sec no	1 Wages, tps, other comp 136139.38	2 Federal income tax withheld 30282.82
	3 Social security wages 106800.00	4 Social security tax withheld 6621.60
b Employer ID number (EIN) 59-6000852	5 Medicare wages and tps 136139.38	6 Medicare tax withheld 1974.02
c Employer's name, address, and ZIP code SARASOTA COUNTY SHERIFF'S OFFICE SARASOTA COUNTY SHERIFF P.O. BOX 4115 SARASOTA, FL 34230-4115		
d Control number		
e Employee's name, address, and ZIP code THOMAS M. KNIGHT ██████████ NOKOMIS, FL 34275		Suff
7 Social security tps 0.00	8 Allocated tps 0.00	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12 C 171.00
13 Statutory employee	14 Other LIFE 1022.39 PHLTH 4148.51	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tps, etc	17 State income tax
18 Local wages, tps, etc	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2009** Dept of the Treasury - IRS
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS – FORM 6

THOMAS M. KNIGHT
 Totals as of June 1, 2010

<u>ASSETS</u>	Value	Percent Ownership	Total
Real Estate			
 Nokomis, FL (primary residence)	\$525,000	100	\$525,000
616 Flamingo Dr. Venice, FL (investment property)	\$130,000	50	\$ 65,000
8560 Amberjack Circle Cape Haze, FL (investment property)	\$300,000	65	\$195,000
Grafton Ave. lots Englewood, FL (3 undeveloped lots)	\$ 35,000	100	\$ 35,000
			\$820,000
Securities/Investments			
UBS – joint account With spouse	\$ 54,000	100	\$ 54,000
UBS - Roth IRA	\$ 4,700	100	\$ 4,700
AXA Equitable – joint account With spouse	\$ 74,400	100	\$ 74,400
State of Florida pension (cash-out value)	\$618,000	100	\$618,000
Florida pre-paid college funds (2 @ \$25,500)	\$ 60,000	100	\$ 60,000
			\$811,100

Vehicles

2004 Suzuki Forenza (Kelly Blue Book)	\$ 4,490	100	\$ 4,490
2000 Key West boat & trailer (NADA)	\$ 5,840	100	\$ 5,840
1999 Yamaha Wave Runner XL-760 (NADA)	\$ 2,700	100	\$ 2,700
			\$ 13,030

Household Good and Personal Effects **\$ 10,000**

TOTAL ASSETS **\$1,654,130**

LIABILITIES

	Balance	Percent ownership	Total
Mortgages/second mortgages/credit lines			
Washington Mutual ██████████	\$112,000	100	\$112,000
Washington Mutual 616 Flamingo Dr.	\$127,700	50	\$ 63,850
Bank of America 8560 Amberjack Circle	\$283,900	65	\$184,535
Region's Bank Home equity line	\$ 68,000	100	\$ 68,000
TOTAL LIABILITIES			\$428,385

650074

COMMISSION ON ETHICS

Form 9		QUARTERLY GIFT DISCLOSURE		DATE RECEIVED	
		(GIFTS OVER \$100)		JUL 19 2010	
LAST NAME – FIRST NAME – MIDDLE NAME Knight, Thomas M.			NAME OF AGENCY Sarasota County Sheriff's Office		
MAILING ADDRESS P.O. Box 4115			OFFICE OR POSITION HELD Sheriff		
CITY	ZIP	COUNTY	FOR QUARTER ENDING (CHECK ONE)		YEAR
Sarasota,	34230-4115	Sarasota	<input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER		20 <u>10</u>

PART A — STATEMENT OF GIFTS

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.

PROCESSED

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
04/25/2010	Baseball Tickets	\$360.00	Dick Vitale	7810 Mathern Ct. Bradenton, FL 34202
06/26/2010	Event Tickets	\$200.00	Bob Surran	2 Marina Plaza Sarasota, FL 34236

CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — 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
herein and on any attachments made by me constitutes a true accurate,
and total listing of all gifts required to be reported by Section 112.3148,
Florida Statutes

[Signature]
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Sarasota
Sworn to (or affirmed) and subscribed before me this
12th day of July, 20 10
by Sheriff Thomas M. Knight
[Signature]
(Signature of Notary Public-State of Florida)

[Signature] Oralia F. Rushing
COMMISSION # DD092799
EXPIRES: JULY 04, 2011
WWW.AARONNOTARY.COM

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known OR Produced Identification
Type of Identification Produced _____

PART D — FILING INSTRUCTIONS

This form, when duly signed and notanized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, Florida 32312. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)

62074

COMMISSION ON ETHICS
DATE RECEIVED

Form 9

**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

JUL 08 2009

LAST NAME -- FIRST NAME -- MIDDLE NAME Knight, Thomas M.			NAME OF AGENCY Sarasota Co. Sheriff's Office	
MAILING ADDRESS PO Box 4115			OFFICE OR POSITION HELD Sheriff	
CITY Sarasota	ZIP 34230	COUNTY Sarasota	FOR QUARTER ENDING (CHECK ONE) YEAR <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER 20 <u>09</u>	

PART A — STATEMENT OF GIFTS

PROCESSED

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
June 27, 2009	Special Event Festival	\$100.00	Bob Surran	2 Marina Plaza Sarasota, FL 34236

CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — 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 herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112 3148, Florida Statutes.	STATE OF FLORIDA COUNTY OF <u>Sarasota</u> Sworn to (or affirmed) and subscribed before me this <u>30</u> day of <u>June</u> , 20 <u>09</u> by <u>Thomas M. Knight</u> <i>Oralia F. Rushing</i> (Signature of Notary Public, State of Florida) Oralia F. Rushing (Print, Type, or Stamp Commissioned Notary Public, DD692799 Personally Known <u>XX</u> OR Produced by <u> </u> EXPIRES: JULY 08, 2011 Type of Identification Produced <u> </u> www.AARONNOTARY.com
	<i>Thomas M. Knight</i> SIGNATURE OF REPORTING OFFICIAL

PART D — FILING INSTRUCTIONS

This form, when duly signed and notated, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709, physical address 3600 Maclay Blvd. South, Suite 201, Tallahassee, Florida 32312. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30)



Tampa Bay[™]

VS
RAYS[™]

GAME 9 BLUE JAYS VS. RAYS
SUN., APRIL 25, 2010 • 1:40 PM

SECTION	ROW	SEAT
109	G	2

DICK VITALE BASEBALL ASSOCIATION 129399
FIELDSIDE BOX \$90



BLUE JAYS VS. RAYS APRIL 25, 2010



552256311691

66.45



Tampa Bay[™]

VS
RAYS[™]

GAME 9 BLUE JAYS VS. RAYS
SUN., APRIL 25, 2010 • 1:40 PM

SECTION	ROW	SEAT
109	G	1

DICK VITALE BASEBALL ASSOCIATION 129399
FIELDSIDE BOX \$90



BLUE JAYS VS. RAYS APRIL 25, 2010



826865784203

66.45

No. 285



FESTIVAL KICKOFF PARTY
JUNE 26, 2010 - 7 P.M. to 1 A.M.

FESTIVAL KICKOFF PARTY

SATURDAY, JUNE 26 - 7 P.M. to 1 A.M.
CITY OF SARASOTA MUNICIPAL AUDITORIUM
801 N. Tamiami Trail - \$100 pp - Casual Dress

Honorary Chair: Hollis Tucker
Co-Chairs: Jack Cox and Donnie McDonough
Great Food - Open Bar - Silent Auction
Live Entertainment: Greg Billings Band & Tucci Group
Make Checks Payable to: Suncoast Charities for Children
- Presenting Sponsors Listed on Reverse Side -



www.suncoasttothshore.org

Proceeds Benefit
Suncoast
Charities
FOR CHILDREN

No. 285

No. 286



FESTIVAL KICKOFF PARTY
JUNE 26, 2010 - 7 P.M. to 1 A.M.

FESTIVAL KICKOFF PARTY

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www.suncoasttothshore.org

Proceeds Benefit
Suncoast
Charities
FOR CHILDREN

No. 286

PRESENTING SPONSORS

Caldwell Trust Company

Aqua Plumbing & Air Halfacre Construction Company
Coast Plumbing & Utilities, Inc Jim Gabbert Investment Group, LLC
Commercial Insurance Marketing, Inc. Wyman Plumbing, Inc.

SUNCOAST FOUNDATION FOR THE HANDICAPPED, INC. REGISTRATION # WITH THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES IS CH9820. SUNCOAST FOUNDATION FOR THE HANDICAPPED, INC. IS A 501(C) (3) CHARITABLE ORGANIZATION AND EMPLOYS NO CONTRACT SOLICITORS AND RECEIVES 100% OF ALL CONTRIBUTIONS. A COPY OF THIS OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1 800-435 7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.



NO
442

FESTIVAL KICKOFF PARTY
SATURDAY, JUNE 27, 2009 - 7 P.M. TO 1 A.M.
CITY OF SARASOTA MUNICIPAL AUDITORIUM
801 N. Tamiami Trail - \$100 pp - Casual Dress

Honorary Chair: Hollis Tucker
Co-Chairs: Donnie McDonough and Jack Cox

Great Food - Open Bar - Silent/Live Auction - Entertainment by the Greg Billings Band
Make Checks Payable To Suncoast Foundation for the Handicapped, Inc
Presenting Sponsors Listed On Reverse Side

June 27, 2009 - 7 p.m. to 1 a.m.
Festival Kickoff Party



NO
442