

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2009

II
 William Brad Steube
 Sheriff
 Manatee County
 Elected Constitutional Officer
 600 US HIGHWAY 301 BLVD W STE 202
 BRADENTON, FL 34607

PROCESSED

CONFIDENTIAL

FOR OFFICE
 USE ONLY:

COMMISSION ON ETHICS
 DATE RECEIVED
 JUN 07 2010

ID Code 

ID No. 213881

Conf. Code C

P. Req. Code

Steube, William Brad

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 December 31, 20 10 was \$ 1,603,427.

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 \$ 275,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Personal Residence - [REDACTED]	\$ 400,000.
1.4 Acres Clay County, North Carolina (Lot #7 - Golden Oaks)	\$ 50,000.
Checking + Savings Accounts (Whitney Bank, Suncoast Schools Cr. Union)	\$ 40,141.
Retirement Accounts - (Hartford, VALIC, Wells Fargo, DROP)	\$ 1,002,031.

PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Schools Cr. Union - P.O. Box 11904 - Tampa, FL 33680	\$ 153,001.
United Community Bank - P.O. Box 800 - Murphy, NC 28906	10,744.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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
Manatee Co. Sheriff's Office	600 - US Highway 301 Blvd. W Bradenton, FL 34205	\$ 143,779.

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

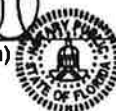
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF MANATEE

Sworn to (or affirmed) and subscribed before me this 1st day of

June, 2010 by W.B. STEUBE

Cynthia L. Truwell
(Signature of Notary Public—State of Florida)



Cynthia L. Truwell
COMMISSION #DD809583
EXPIRES: JULY 29, 2012
WWW.AARONNOTARY.COM

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

Personally Known OR Produced Identification

Type of Identification Produced _____

W.B. Steube
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

FINANCIAL INTERESTS

COMMISSION ON ETHICS

DATE RECEIVED

JUN 07 2010

FOR OFFICE USE ONLY:

William Brad Steube Sheriff Manatee County Elected Constitutional Officer 600 US HIGHWAY 301 BLVD W STE 202 BRADENTON, FL 33905

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P. Req. Code

Steube, William Brad

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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 December 31, 2010 was \$ 1,603,427.

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 \$ 275,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Rows include Personal Residence, 1.4 Acres Clay County, North Carolina, Checking + Savings Accounts, and Retirement Accounts.

PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Rows include Suncoast Schools Cr. Union and United Community Bank.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. This section is currently empty.

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.

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Manatee Co. Sheriff's Office	600 - US Highway 301 Blvd. W. Bradenton, FL 34205	\$ 143,779.

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 MANATEE

Sworn to (or affirmed) and subscribed before me this 1st day of

June, 2010 by W. B. STEUBE

Cynthia L. Truwell
(Signature of Notary Public—State of Florida)



Cynthia L. Truwell
COMMISSION #DD809583
EXPIRES: JULY 29, 2012
WWW.AARONNOTARY.COM

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

Personally Known OR Produced Identification

Type of Identification Produced _____

W. B. Steube
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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COMMISSION ON ETHICS

DATE RECEIVED

III 29 2009

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME - FIRST NAME - MIDDLE NAME: <i>STENBE, William BRAD</i>			NAME OF AGENCY: <i>MANATEE COUNTY SHERIFF'S OFFICE</i>	
MAILING ADDRESS: <i>600 U.S. 301 BLD. W. SUITE 202</i>			OFFICE OR POSITION HELD: <i>SHERIFF</i>	
CITY: <i>BRADENTON</i>	ZIP: <i>34205</i>	COUNTY: <i>MANATEE</i>	FOR QUARTER ENDING (CHECK ONE) YEAR <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER 20 <i>09</i>	

PART A - STATEMENT OF DISCLOSURE

CONFIDENTIAL **PROCESSED**

Please list below each gift the value of which you believe to exceed \$100, 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 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
July 19, 2009	<i>REPAIR WYATT EARP REVOLVER</i>	\$250	NEIL HIRSCH	<i>12070 POK CLUB ROAD Wellington, FL 33414</i>

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>MANATEE</u> Sworn to (or affirmed) and subscribed before me this <u>28th</u> day of <u>July</u> , 20 <u>09</u>
	by <u>W. B. STENBE</u> <i>Cynthia L. Truwell</i> (Signature of Notary Public-State of Florida)
<i>W. B. Stenbe</i> SIGNATURE OF REPORTING OFFICIAL	(Print, Type, or Stamp Commissioned Name of Notary Public) <u>Cynthia L. Truwell</u> Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/> Type of Identification Produced _____ COMMISSION # <u>DD809583</u> EXPIRES: <u>JULY 29, 2012</u> WWW.AARONNOTARY.com

PART D - FILING INSTRUCTIONS

This form, when duly signed and notarized, 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)

213881

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DATE RECEIVED
12 31 2009

Form 9 QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME - FIRST NAME - MIDDLE NAME: STEUBE - William - BRAD			NAME OF AGENCY: MANATEE COUNTY Sheriff's OFFICE	
MAILING ADDRESS: 600 U.S. 301 BLD. W. SUITE 202			OFFICE OR POSITION HELD: Sheriff	
CITY: BRADENTON	ZIP: 34205	COUNTY: MANATEE	FOR QUARTER ENDING (CHECK ONE): <input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
				YEAR: 2009

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
02/17/2009	Set of CLEVELAND Golf Club w/ bag	\$1,365	Chip Holcomb	REDUCED RATE for CLEVELAND Golf of Fla.

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 MANATEE Sworn to (or affirmed) and subscribed before me this 27th day of FEBRUARY , 20 09
	by W. B. STEUBE Cynthia L. Truwell (Signature of Notary Public-State of Florida)
W. B. Steube SIGNATURE OF REPORTING OFFICIAL	Cynthia L. Truwell COMMISSION # DD801658 , Type, or Stamp Commissioned Name of Notary Public) EXPIRES: JULY 29, 2012 Personally Known <input checked="" type="checkbox"/> OR Produced Identification www.aaronnotary.com Types of Identification Produced

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