

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2012

Please print or type your name, mailing address, agency name, and position below :

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Kohlhage, Danny L.

MAILING ADDRESS:

530 Whitehead Street

CITY :

Key West, FL

ZIP :

33040

COUNTY :

Monroe County

NAME OF AGENCY :

Monroe County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE

COMMISSIONER'S OFFICE
DATE RECEIVED

JUN 26 2013

15864
PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, 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, 2012 was \$ 875,000

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 \$ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Cash (Wells Fargo)	60,000
Investments (Wells Fargo / EMS)	480,000
Real Estate: 1204 20th Ter	255,000
Lillie Glace Trust	150,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2012 federal income tax return, including all W2's, schedules, and 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 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 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
Clerk Circuit Court - Salary		95,564
Board Co. Comm - Salary		4616
Fla. Retirement System		81,069
Social Security		29,344
First Cleaning/Perishing Rental - 1204 20th TUN		7813 16,553

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
	None		

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	None		
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

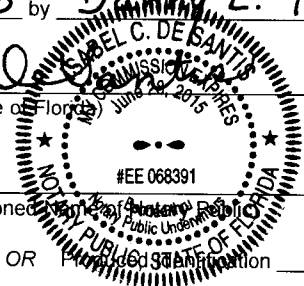
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Monroe

Sworn to (or affirmed) and subscribed before me this 24th day of

June, 2013 by Danny L. Kolhage

Isabel C. De Santos
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Notary Public Under Seal of Office)

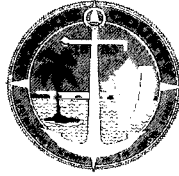
Personally Known OR Provided Identification

Type of Identification Produced _____

[Signature]
 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.

County of Monroe
The Florida Keys



BOARD OF COUNTY COMMISSIONERS

Mayor George Neugent, District 2
Mayor Pro Tem, Heather Carruthers, District 3
Danny L. Kolhage, District 1
David Rice, District 4
Sylvia J. Murphy, District 5

June 24, 2013

Virlindia Doss, Executive Director
Florida Commission of Ethics
PO Drawer 15709
Tallahassee, FL 32317-5709

Dear Mr. Claypool,

I am enclosing herewith, Form No. 6, Full and Public Disclosure of Financial Interests, which covers the taxable year ending December 31, 2012.

I am filing as an incumbent County Commissioner pursuant to the provisions of Article II, Section 8, of the Florida Constitution.

Should you have any questions concerning the enclosed, please do not hesitate to contact me at (305) 292-3440.

Sincerely,

Danny L. Kolhage, Commissioner
Monroe County BOCC
District 1

Enclosure