

FOR OFFICE USE ONLY:

Danny Kolhage
County Commissioner, District 1
Monroe County
Elected Constitutional Officer
530 Whitehead St
Key West FL 33040-6547

PROCESSED

FLORIDA
COMMISSION ON ETHICS

JUN 27 2014

RECEIVED

ID Code



ID No.

15866

Conf. Code

Kolhage, Danny

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, 2013, 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 13 was \$ 1,125,000.

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 p.4)	VALUE OF ASSET
Cash (Wells Fargo)	118,000
Investments (Wells Fargo/GMS)	710,000
Real Estate: 1204 20th Terr, Key West, FL	255,000
Lillie Glace Trust	205,000

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 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 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
Board Co. Comm - Salary		42,421
Fla. Retirement System		83,447
Social Security		30,065
First Cleaning/Perishing		10,217

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
		<i>None</i>	

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		<i>None</i>	
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 25th day of

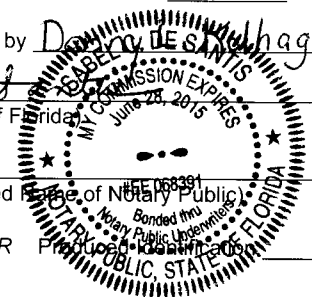
June, 2017 by Dorothy Desantiga

Sahel C. Desantiga
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known OR Produced

Type of Identification Produced _____



Dorothy Desantiga
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

County of Monroe
The Florida Keys



BOARD OF COUNTY COMMISSIONERS

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

June 25, 2014

**FLORIDA
COMMISSION ON ETHICS**

JUN 27 2014

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

Dear Ms. Doss,

I am enclosing herewith, Form No. 6, Full and Public Disclosure of Financial Interests, which covers the taxable year ending December 31, 2013.

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,

A handwritten signature in black ink, appearing to read "D. L. Kolhage". The signature is fluid and cursive.

Danny L. Kolhage, Commissioner
Monroe County BOCC
District 1

Enclosure