

FOR OFFICE USE ONLY:

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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 25 2015
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, 2014. [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 December 31, 2014 was \$ 1,200,000

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Cash (Wells Fargo)	150,000
Investments (Wells Fargo/GMS)	820,000
Real Estate: 1204 North 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 2014 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 2014 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2014 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
	<i>(See attached schedule)</i>	

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			
PRINCIPAL BUSINESS ACTIVITY		<i>None</i>	
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

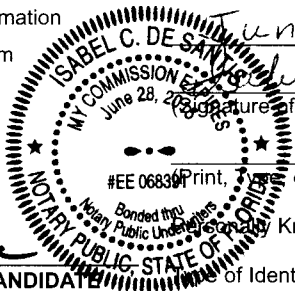
STATE OF FLORIDA
 COUNTY OF Monroe

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.

Sworn to (or affirmed) and subscribed before me this 22nd day of

June, 2015 by Danny L. Kolhage

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



Print, or Stamp Commissioned Name of Notary Public

Danny L. Kolhage (Signature of Reporting Official or Candidate)
 Known OR Produced Identification _____
 _____ 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

Part D

Primary Sources

Board of County Commissioners	\$43,779
Florida Retirement	\$85,896
First Clearing/Pershing	\$21,535
Social Security	\$30,528

County of Monroe
The Florida Keys



BOARD OF COUNTY COMMISSIONERS

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

FLORIDA
COMMISSION ON ETHICS

JUN 25 2015

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June 22, 2015

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, 2014.

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 "Danny L. Kolhage". The signature is fluid and cursive.

Danny L. Kolhage, Commissioner
Monroe County BOCC
District 1

Enclosure