

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

OF FINANCIAL INTEREST

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

CALDERWOOD DENISE LYNN

MAILING ADDRESS:

44 BUTTERMILL DRIVE

PALM COAST FL 32137 FLAGLER

CITY: ZIP: COUNTY:

NAME OF AGENCY:

FLAGLER COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FLAGLER COUNTY COMMISSION DISTRICT 4

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 ~~1216,000~~ 12/31, 2013 was \$ 216,000

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 \$ 302,300

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
PRIMARY HOME 44 BUTTERMILL DRIVE PALM COAST FL	189,000 <sup>FURNITURE</sup> 50,000
RENTAL HOME 211 HARRIS HILL RD FULTON, NY	101,000
2005 CHEVY SILVERADO TRUCK / SLIDE IN CAMPER	5,500, 5000
2001 HYUNDAI SANTE FE	1200
2010 ZHEJIANG WANGYE SCOOTER	600

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA MORTGAGE ON RENTAL HOME	83,000
SUNCOAST SCHOOLS CREDIT UNION (TRUCK)	3300

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

COPY

**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
SEE ATTACHED TAX RETURN	SEE ATTACHED TAX RETURN	

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

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	DC CONSULTING		
ADDRESS OF BUSINESS ENTITY	44 BUTTERMILK DR	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	PALM COAST FL 32137 CONSULTING - GRANTS		
POSITION HELD WITH ENTITY	CEO		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	OWNER		

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 Duval  
 Sworn to (or affirmed) and subscribed before me this 19 day of

June 2014 by Denise Calderwood  
Rainie Stanley  
 (Signature of Notary Public, State of Florida)

**LAURA J. STANLEY**  
 Notary Public, State of Florida  
 Commission # CE 209834  
 My comm. expires Aug. 12, 2016  
 Personally Known  OR Produced Identification

Denise K. Calderwood  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced fid

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.

