

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Coolidge-Shotwell, Camille

MAILING ADDRESS:
110 S.E. 6th Street Suite 1700

CITY: Ft. Lauderdale ZIP: 33301 COUNTY: Broward

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Broward County Circuit Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 18 MAY - 1 AM 9:40
 CIVIL DIVISION
 SECRETARY OF STATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 April 20, 20 18 was \$ 371,154.57.

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 \$ 25,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached Exhibit A	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached Exhibit A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached Exhibit A	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 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
Coolidge Law Group, P.A.	110 S.E. 6th Street, Suite 1700, Ft. Lauderdale, FL 33301	\$45,687.63

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	Coolidge Law Group, P.A.	Concierge Title & Escrow, LLC	
ADDRESS OF BUSINESS ENTITY	110 S E 6th Street, Suite 1700, Ft Lauderdale, FL 33301	110 S E 6th Street, Suite 1700, Ft Lauderdale, FL 33301	
PRINCIPAL BUSINESS ACTIVITY	Legal Services	Title Agency	
POSITION HELD WITH ENTITY	President	Member	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	100% Owner	100% Owner	

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.

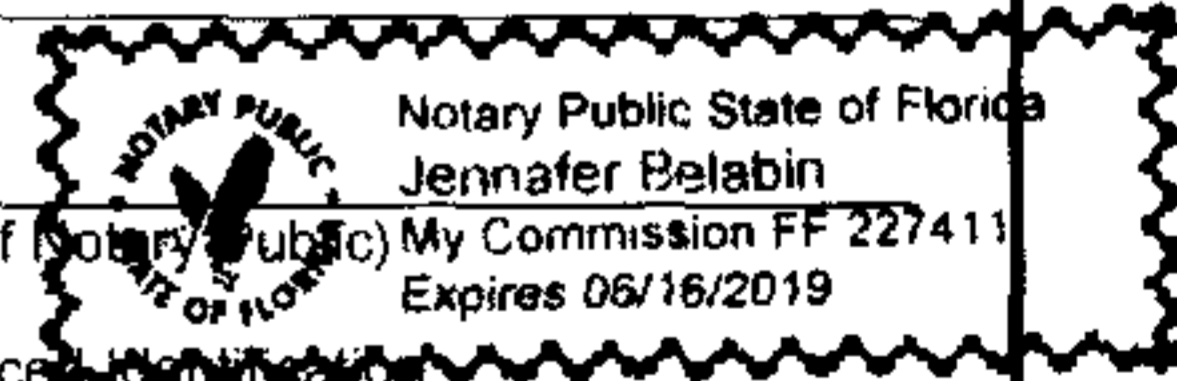
OATH

STATE OF FLORIDA
 COUNTY OF Broward

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 24 day of April, 2018 by Camille Coolidge

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public) My Commission FF 227411 Expires 06/16/2019

Personally Known OR Produced

Type of Identification Produced _____

[Handwritten Signature]
 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.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

ASSETS

Current Assets

	Total
Primary Residence - Jointly Owned	
2009 Lexus	\$305,000.00
2015 Jeep	\$10,000.00
Chase Checking- [REDACTED]	\$24,000.00
Checking- [REDACTED]	\$2,388.29
Chase Savings- [REDACTED]	\$1,472.61
Chase Savings-8330	\$550.79
Acorn Advisers, LLC	\$2,806.22
Mass Mutual Life Insurance- Cash Value	\$2,165.02
Household Furnishings & Personal Belongings	\$15,982.13
Coolidge Law Group, P.A.	\$25,000.00
Coolidge For Judge Loan	\$107,070.40 Book Value
	\$551,435.46

LIABILITIES

USAA Credit Card	\$665.71
Navient Loan	\$100,388.14
Chase Auto Loan Jeep	\$23,611.12
JetBlue	\$3,489.92
Chase Sapphire Card	\$2,000.00
Carol B. Coolidge	\$50,000.00
Total Long-Term Liabilities	\$180,154.89
Total Net Worth:	\$371,280.57