FORM 1	STATEMENT OF			, 2011			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS					
LAST NAME - FIRST NAME - MIDDLE N CARDONA I MAILING ADDRESS: 14055 NEVIS	DAISY	FOR OF		712.11			
CITY: FORT MUPRS NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD You are not limited to the space on the lines CHECK ONLY IF CANDIDATE CANDIDATE CHECK ONLY IF CHECK	SOCCOUNTY: LIST COUNTY: LIST CO		ID N	In Code Seq. Code Teq. Code			
	PARTS OF THIS SECTION	ON MUST BE COM	PI ET	ED ****			
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the						
(If you have nothing to report NAME OF SOURCE OF INCOME	s, you must write "none" or "n/a") SOUR ADDR	1	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
NIA							
				<u> </u>			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA							
,							
PART C REAL PROPERTY [Land, build (If you have nothing to report	dings owned by the reporting person s, you must write "none" or "n/a")	- See instructions p. 4]	when are to INS1 file th	NG INSTRUCTIONS for and where to file this form ocated at the bottom of page 2. FRUCTIONS on who must his form and how to fill it out to on page 3.			
			OTH to file	ER FORMS you may need eare described on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NA		-				
PART E — LIABILITIES [Major deb (If you have nothing to			/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR				
NA						
DADT E INTEDESTS (ALORECIEIE	D BURINESSES IO	unarabin er positie	ons in certain types of businesses - See in	etustiana "El		
(If you have nothing to re	port, you must write	"none" or "n/a")	Structions p. oj		
	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):		DATE SIGNED	DATE SIGNED (required):			
Daine	rdoxa	:)	5/3	31/12		

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

FILING INSTRUCTIONS:

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or happointment or of the beginning of employment Appointees who must be confirmed by the Senamust file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office multifle at the same time they file their qualifyir papers.

Thereafter, local officers/employees, state officers, and specified state employees a required to file by July 1st following each calenda year in which they hold their positions.

Finally, at the end of office or employmer each local officer/employee, state officer, an specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However, filin a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing CE Form 1 if he or she was in their position of December 31, 2011.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NIA							
							
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
NA				6			
· · · · · · · · · · · · · · · · · · ·			-	4			
				99 120			
PART F — INTERESTS IN SPECIFII (If you have nothing to i	ED BUSINESSES [Owners eport, you must write "no BUSINESS ENTI	ne" ο <i>τ</i> "π/a")	n certain types of businesses - See in BUSINESS ENTITY # 2	structions p. 5]			
NAME OF BUSINESS ENTITY	*			1.			
ADDRESS OF BUSINESS ENTITY							
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (requir	<u>ed):</u>		DATE SIGNED	(required):			

5/31/12

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Daisy Cardona

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