FORM 1	STATEM	STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL			FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDDLE	DAISY	Inte	27(officed			
14055 NEVIS							
FORT MYERS	33905 LE	E		ler.			
NAME OF AGENCY:				UN10FF			
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :			13.IUN10PM0344 SDE			
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE	on this form. Attach additional sheets, DR DR NEW EMPLOYEE OR AP			m			
**** 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, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: 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). CHECK THE ONE YOU ARE USING:							
	CENTAGE) THRESHOLDS			THRESHOLDS			
	rt, you must write "none" or "n/a")						
NAME OF SOURCE OF INCOME	SOUF ADDF		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
N/#							
				·····			
				<u> </u>			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to business	es owned by the reporting perso	n - See	e instructions]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
N/A							
PART C REAL PROPERTY [Land, bu (If you have nothing to repo	ildings owned by the reporting person rt, you must write "none" or "n/a")			G INSTRUCTIONS for and where to file this			
NA	1	form are located at the bottom of page 2.					
· · · · · · · · · · · · · · · · · · ·			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				

PART D — INTANGIBLE PERSOI (If you have nothing t				ructions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NIA			BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
<u>L`/i`</u>				<u> </u>			
	Sta Dag ingtru						
PART E — LIABILITIES [Major de (If you have nothing to			n/a")				
	TOR		ADDRESS	6 OF CREDITOR			
NIA					je j		
/ v			<u></u>				
					PM034		
PART F INTERESTS IN SPECIFI		Courseship or posit	time in cortain types of husinesss	- Soo instructio			
(If you have nothing to	report, you mus	st write "none" or "n/a'	1")		m		
	BUSI	INESS ENTITY # 1	BUSINESS ENTITY #	#2			
NAME OF BUSINESS ENTITY	↓		<u> </u>				
ADDRESS OF BUSINESS ENTITY	 		<u></u>				
PRINCIPAL BUSINESS ACTIVITY	_				·····		
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST		·····					
	L THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET. PLEASE			
SIGNATURE (requi	<u>red):</u>		DATE SIG				
Daisyla	dora	2	5/2	9/13			
	_		STRUCTIONS	•			
WHAT TO FILE:	<u></u>	WHERE TO F		WHEN TO			
After completing all parts o		If you were mailed t	the form by the Commission	Initially, ea	ach local officer/employe		
including signing and dating only the first sheet (pages 1 and		for your annual d	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the		state officer, and specified state employ must file within 30 days of the date his or her appointment or of the beginni		
If you have nothing to report i			e mployees file with the	of employme	ent. Appointees who must I		
section, you must write "none" of section(s).		Supervisor of Ele	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		y the Senate must file prior even if that is less than :		
NOTE:		permanently resid			days from the date of their appointme Candidates for publicly-elected local offi		
MULTIPLE FILING UNNECESS Generally, a person who has		has its headquarters.)		must file at qualifying pap	the same time they file the		
for a calendar or fiscal year is	not required	file with the Con	State officers or specified state employees file with the Commission on Ethics, P.O.		Thereafter, local officers/employees, sta		
to file a second Form 1 for the However, a candidate who pro	eviously filed		Drawer 15709, Tallahassee, FL 32317-5709. Candidates file this form together with their		d specified state employee I to file by July 1st followir		
Form 1 because of another pursuant at least file a copy of his c		qualifying papers.	-	each calenda positions.	ar year in which they hold the		
Form 1 when qualifying.		under, see the "Wh	To determine what category your position falls under, see the "Who Must File" Instructions on		e end of office or employmer ficer/employee, state officer, ar		
		page 3.		specified state	te employee is required to file re form (Form 1F) within 60 day		
		Facsimiles wi	Facsimiles will not be accepted.		ffice or employment. Howeve		
				Financial Inte	Form 1F (Final Statement erests) does <u>not</u> relieve the fill Form 1 if bo or she was in the		
					Form 1 if he or she was in the ecember 31, 2012.		

CE FORM 1 - Effective: January 1, 2013. Refer to Rule 34-8.202 (1), FA.C.