

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2011

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

FINANCIAL INTERESTS

12 JUN -1 AM 10:19

LAST NAME — FIRST NAME — MIDDLE NAME:

Saunders, Ron

MAILING ADDRESS:

P.O. Box 5217

CITY:

Key West

ZIP:

33045

COUNTY:

Monroe

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

State Senate, District 39

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

**DIVISION OF ELECTIONS
SECRETARY OF STATE**

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 December 31, 20 11 was \$ 290,000

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 \$ 15,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Lot, 1315 Olivia Street, Key West, FL	180,000
House, 1240 Raffy Road, Cudjoe Key, FL	108,000
House, 2018 Lawson Road, Tallahassee, FL	155,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BB&T Mortgage, P.O. Box 2467, Greenville, SC 29602	81,000
R Toomey/ J Heistand, 1 Independent Drive, Ste 710, Jacksonville, FL	73,000

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 2011 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 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 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
State of Florida	Rm. 701, 111 W. Madison, Tallahassee, FL	27,703.32
Ron Saunders, Attorney	1240 Raffy Road, Cudjoe Key, FL	11,835.33

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
N/A			

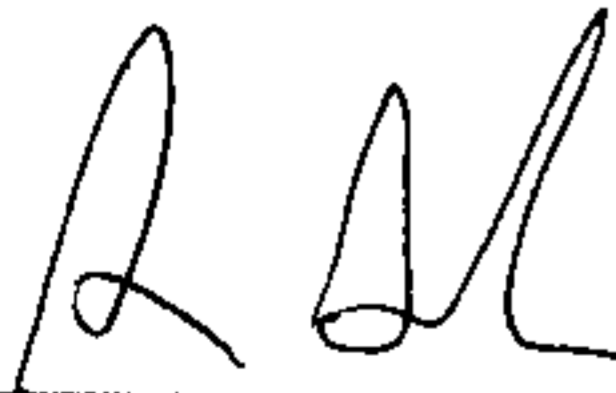
PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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 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.



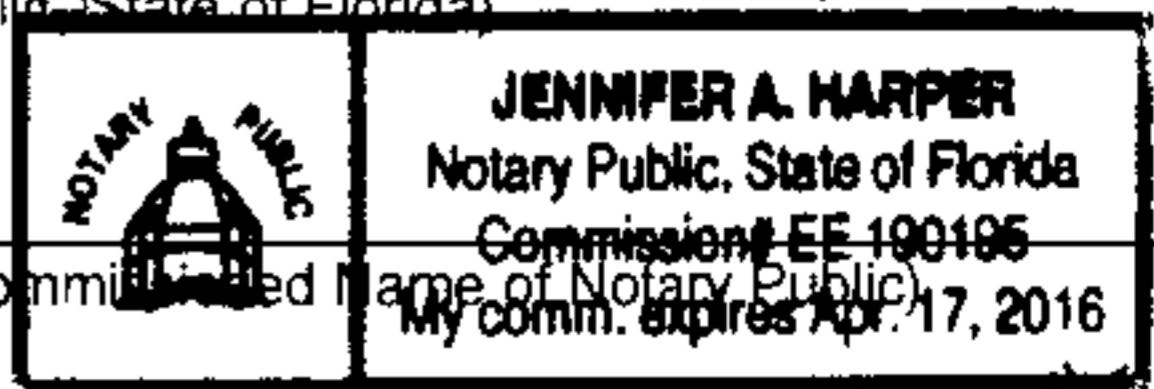
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Monroe

Sworn to (or affirmed) and subscribed before me this 29th day of

May, 2012 by Ron Saunders

Jennifer A. Harper
 (Signature of Notary Public, State of Florida)


 (Print, Type, or Stamp Commissioned Name of Notary Public)
 My comm. expires Apr 17, 2016

Personally Known _____ OR Produced Identification X

Type of Identification Produced Florida Driver License

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.