FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2019

(TO BE FILED WITHIN	OU DAYS OF LEAV	ING PUBLIC OFFIC	L UK I	EMITLOTMENT		
LAST NAME — FIRST NAME — MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:				
Childers, Diana Marie MAILING ADDRESS:		Do pt. Of Human+Veteran Srvcs. CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
IIII NE Van Loon Lane		CHECK ONE OF THE FOLLOWING (see Who Must File on page 3).				
		SPECIFIED STATE EMPLOYEE				
Cape Coral, TLZ	COUNTY:	LIST OFFICE OR POSITION	~ ~ ~	•		
		tiscal (ンナナ	ICAY		
BOTH PARTS OF THIS SECTION MUST BE COMPLETED						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2019 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 3-28-19, 2019. (Date must be prior to 19/31/19)						
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES EWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions of further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):						
COMPARATIVE (PERCENTAGE	E) THRESHOLDS	OR DOL		JE THRESHOLDS		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee Co. Bocc.	2115 2nd St. FM FL 33901 County Growit			enty Goult		
	N N					
	Saint Park	PORL				
			<u>, </u>			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
1	ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None						
		, , , , , , , , ,				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
None				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.		

<u> </u>	···			
PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, write "non		ficates of deposit, etc See	e instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
None				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non		- * * · · · · · · · · · · · · · · · · ·		
NAME OF CREDITOR	ADDRESS OF CREDITOR			
None		****		
DADT E INTEDESTS IN SPECIFIED BUSINESS	 			
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none		sitions in certain types of b	usinesses - See instructions]	
	BUSINESS	S ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	AW			
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 AR	E CONTINUED OF	N A SEPARATE SHE	ET, PLEASE CHECK HERE	
A CONTRACTOR OF THE CONTRACTOR	A STATE OF THE STA		d *	
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
Signature:		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 1 in accordance with Section 112.3145, Florida		
Heara (holders)		Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.		
Date Signed:				
		CPA/Attorney Signatu	ure	
4-29-19		Date Signed	And the second s	
the state of the s	Control of the second			

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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.) Form 1 filers who file with the Supervisor of Elections

FILING INSTRUCTIONS:

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method.

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

NOTE:

If you are leaving office or employment during the first half of 2019, you may not have filed Form 1 for 2018. In that case, this is not the last form you will file. Form 1F covers January 1, 2019, through your last day of office or employment. You will be required to file Form 1 for 2018 by July 1, 2019, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

19APR30AM0836 SOE Lee CoF1

Diana Childers 1111 NE Van Loon Ln. Cape Coral, FL 33909

いからないというののの

Fort Myern, fl 33902

FT MYERS III 339

14 MH GLOS BAN 62

