FORM 1	FORM 1 STATEMENT OF			2022	
Please print or type your name, mailing address, agency name, and position below:		FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDI	E NAME :				
Khan Diana, Lynn MAILING ADDRESS:					
3103 102	St 5W				
Lehigh Acres	ZIP: COUNTY: 1	.ee			
NAME OF AGENCY:	RMC.				
NAME OF OFFICE OR POSITION HI	ELD OR SOUGHT :				
CHECK ONLY IF TO CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE			
		56 - 17 - 17 - 18 - 18 - 18 - 18 - 18 - 18	****		
DISCLOSURE PERIOD:	The obotion <u>moo</u>			MDED 04 0000	
	OUR FINANCIAL INTERESTS FOI	R CALENDAR YEAR ENDI	NG DECE	MBER 31, 2022.	
MANNER OF CALCULATING FILERS HAVE THE OPTION OF U	ISING REPORTING THRESHOLD	S THAT ARE ABSOLUTE I	OOLLAR V	ALUES, WHICH REQUIRES	
FEWER CALCULATIONS, OR US	SING COMPARATIVE THRESHOL). CHECK THE ONE YOU ARE U	DS, WHICH ARE USUALL	Y BASED	ON PERCENTAGE VALUES	
•	PERCENTAGE) THRESHOLDS		R VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF I (If you have nothing to re	NCOME [Major sources of income to the port, write "none" or "n/a")	e reporting person - See instru	ictions]		
NAME OF SOURCE		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee County Bocc	PO Box 398, F4-1				
PART B SECONDARY SOURCES	OF INCOME				
[Major customers, clients,	and other sources of income to business eport, write "none" or "n/a")	es owned by the reporting pers	son - See ins	structions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
ΝΙΔ					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.		
			FILING INSTRUCTIONS for when		
NIK			and where to file this 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.		

(If you have nothing to report, write "non	•			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A				
C-22-2-4-10 pt 2-4-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
MA				
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	[Ownership or positions in certain types of businesses - See instructions] " or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
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				
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILE Signature: Date Signed:	CPA or ATTORNEY SIGNATURE ONLY 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,			
5-31-2623	Date Signed:			
FILING INSTRUCTIONS:				

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.