2025 Form 1 - Statement of Financial Interests

Filed with COE: 05/24/2026

General Information

Name: Com Dianne Williams-Cox

PID 260051

AGENCY INFORMATION

Organization	Suborganization	Title
Tallahassee	Community Redevelopment Agency Board	City Commissioner
Tallahassee	Mayor And City Commission	City Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	Tallahassee City Commission	City Commission

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(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
City Of Tallahassee	300 S. Adams Street Tallahassee, FL 32301	City Government

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
DWC Management Consulting Services	Rental Properties	505-513 Camilla Ave, Quincy, FL	Property Management

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
505, 509, 513 Camilla Avenue and Cooper Street Quincy, Florida

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Retirement - City of Tallahassee	Empower

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
Shellpoint	P. O. Box 10826 Greenville, SC 29603
Campus USA Credit Union	P. O. Box 147029 Gainesville, FL 32614
FAMU Credit Union	1610 South Monroe Street Tallahassee, FL 32301
NelNet	P.O. Box 82561, Lincoln, NE 68501-2561
Select Portfolio Servicing, Inc.	P.O. Box 6501, Springfield, Ohio 45501-7277
Regions Bank	P.O. Box 18001 Hattiesburg, MS 39404-8001

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Filed with COE: 05/24/2026

Signature of Filer

Dianne Williams-Cox

Digitally signed: **05/24/2026**

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