

FINAL STATEMENT OF FINANCIAL INTERESTS

2018

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: McMillan Kristine Anne			NAME OF REPORTING PERSON'S AGENCY: Cape Coral Charter School Governing Board
MAILING ADDRESS: 5221 SW 11th CT			CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3): <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: Cape Coral	ZIP: 33914	COUNTY: Lee	
			LIST OFFICE OR POSITION HELD: Board member - Volunteer, not city appointed

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2018 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 6/12/18, 2018. (Date must be prior to 12/31/18)

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE 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 Health	2776 Cleveland Ave, FIM	Healthcare

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")

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, buildings owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when 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 of this packet.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Bank Accounts	Wells Fargo
IRA Accounts	Stifel

PART E — LIABILITIES (Major debts - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Mortgage	
Michigan State Univ Credit Union	3777 West Rd, East Lansing, MI 48823

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY	N/A	
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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:

Kristin Anne McMillan

Date Signed:

6/18/18

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, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature _____

Date Signed _____

FILING INSTRUCTIONS:

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

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) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method.

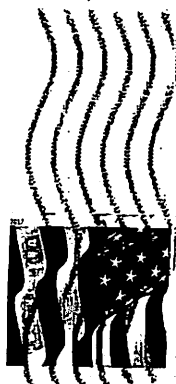
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2018, you may not have filed Form 1 for 2017. In that case, this is not the last form you will file. Form 1F covers January 1, 2018, through your last day of office or employment. You will be required to file Form 1 for 2017 by July 1, 2018, 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.

McKilled
5221 SW 11th Ave
Cape Coral FL 33914

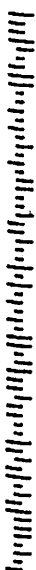
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25 JUN 2013 PM 11



Lee County Elections - Supervisor of Elections
PO Box 2545
Fort Myers FL 33902-2545

*18JUN28AM0844 50E Lee Co FL

33902-254545





TOMMY DOYLE, SUPERVISOR OF ELECTIONS

LEE COUNTY

ELECTIONS

CONSTITUTIONAL COMPLEX
P.O. BOX 2545
FORT MYERS, FLORIDA 33902
(239) LEE-VOTE
(239) 533-8683
FAX: (239) 533-6310
www.lee.vote

DATE : June 28, 2018

TO : Kristine Anne McMillan

FROM: Tammy Lipa
Administration Support Specialist

RE: Form 1F FINAL Statement of Financial Interest for 2018

We are in receipt of your FORM 1F-FINAL Statement of Financial Interests for 2018 that "covers a portion" of your service as a local officer for the year 2018. According to the FORM 1F FINAL Statement of Financial Interests you submitted, the last date you held public office or employment was **06/12/2018**.

If you left office or employment on or after December 31, 2017 OR during the first half of 2018, you may not have filed Form 1 Statement of Financial Interests for 2017. In that case, this is not the last form you will file even though Form 1F FINAL Statement of Financial Interests for 2018 covers the final portion of your term of office or employment. **You are still required to file a standard Form 1 Statement of Financial Interests for 2017 by July 1, 2018.**

Enclosed is a standard Form 1 Statement of Financial Interests for 2017, to complete and return in order to satisfy your obligation to file a financial disclosure for your service during 2017. Please use the postage-paid envelope provided to return your completed form. You may also transmit a completed form by scanning and email to disclosure@lee.vote

WHEN TO FILE: Within 60 Days of Leaving Office or Employment

WHERE TO FILE: LEE COUNTY ELECTIONS OFFICE
P O BOX 2545, FORT MYERS FL 33902-2545
The role of the Supervisor of Elections is to receive and maintain
The financial disclosure form as public record

Please do not file the form with the Florida Commission on Ethics in Tallahassee

You may call 239-533-6329 if you have any questions.

Enclosures: Form 1 Statement of Financial Interests for 2017
Postage Paid Return Envelope