FORM 1	STATEM	ENT OF		2013
Please print or type your name, mailing address, agency name, and position below		FINANCIAL INTERESTS		FOR OFFICE USE ONL
LAST NAME - FIRST NAME - MIDDLE	Name: McWillan			ω ω Ξ
2825 Palm Bea	1 01 .1 1 2.0	-		3051
Ft. Muers	33916 Lee			33 SOE LEE CO F
School District	of Lee County			<u></u>
NAME OF AGENCY Principal				
NAME OF OFFICE OR POSITION HEL	····	NO.	1_	
You are not limited to the space on the limited CHECK ONLY IF	es on this form. Attach additional sheets, OR	ir necessary.	23	
**** BOTH DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR PLEA		PRECEDING TAX YEAR, W	HETHER	BASED ON A CALENDAR
DECEMBER 31, 201	3 OR SPECIFY	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:
MANNER OF CALCULATING REPORTILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPA further details). CHECK THE ONE YO	NG REPORTING THRESHOLDS TO RATIVE THRESHOLDS, WHICH A	HAT ARE ABSOLUTE DOLLA RE USUALLY BASED ON PE	AR VALU	ES. WHICH REQUIRES FEWER AGE VALUES (see instructions for
☐ COMPARATIVE (PE	RCENTAGE) THRESHOLDS	DR DOLLAR	VALUE .	THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		e reporting person - See instru	ctions)	
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
none				· · · · · · · · · · · · · · · · · · ·
 				
PART B SECONDARY SOURCES Of [Major customers, clients, are (if you have nothing to rep	d other sources of income to business	ses owned by the reporting per	son - See	instructions]
NAME OF BUSINESS ENTITY	IAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none				
<u> </u>				
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	
none			form of pag	are located at the bottom ge 2.
				RUCTIONS on who must is form and how to fill it
				egin on page 3.

, PART D. — INTANGIBLE PERSONAL PROPERTY [Stock: (If you have nothing to report, write "none"		ctions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHITE	CH THE PROPERTY RELATES			
none					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")				
NAME OF CREDITOR	ADDRESS C	OF CREDITOR			
Juntmst bank					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ow (If you have nothing to report, write "none" or NAME OF BUSINESS ENTITY		sses - See instructions] BUSINESS ENTITY # 2			
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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	DATE SIGNED (required):				
If a certified public accountant licensed under Chapter she must complete the following statement: I	prepared the CE Form 1 in accordance	with Section 112.3145, Florida Statutes, and			
1 Mill		7/23/14			
M Signature		Date			

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

FILING INSTRUCTIONS:

WHERE TO FILE:

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

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

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

Facsimiles will not be accepted.

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.

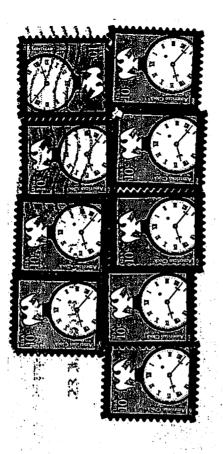
Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers. and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

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Shuddon 2825 falm Reach Blod #319 Ft. Myers, Fr 33916



Supervisor of Elections P.O. Box 2545 Ft. Myers, FL 33902