

MODIFICATION REQUEST COVER SHEET

Name of Filer	LEILA MILLS
Reporting Period	<input checked="" type="checkbox"/> Annual report – calendar year 2012 <input type="checkbox"/> Candidate/Appointee report:
Type of Request	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal with No Change – <u>original granted on June 28, 2012</u> <input type="checkbox"/> Renewal with Change
Office Held/Sought & Term	Superior Court Judge, Kitsap County Elected term expires December, 2016
PDC Protocol	<input type="checkbox"/> Attorney: Interpretation #02-03 <input checked="" type="checkbox"/> Judge / Judicial Candidate: Interpretation #02-04 <input type="checkbox"/> Automobile Dealership: Interpretation #02-05 <input type="checkbox"/> Spousal: Interpretation #02-06 <input checked="" type="checkbox"/> WAC 390-28-100(1)(d)
Supporting Documents (attached)	<input checked="" type="checkbox"/> Current F-1a <input checked="" type="checkbox"/> Most recent full F-1 report (filed March 9, 2012) <input checked="" type="checkbox"/> Modification Application <input checked="" type="checkbox"/> Prior order (if renewal) – Order #3075
Reason(s) for Modification (as stated by filer)	<ul style="list-style-type: none"> • Judge Mills is requesting a renewal of the reporting modification that would exempt her from disclosing her personal residential address information, including street address, parcel number, or legal description, and the address information of two other properties she owns, on her Personal Financial Affairs Statement for 2012. • Judge Mills stated that in 2011, law enforcement informed her that an inmate at the county jail discussed with another individual that someone should blow up her home. Law enforcement advised her to be cautious about disclosing her address. • Judge Mills stated that she is concerned for her safety and that of her family, including the property at which her dependent son resides.
Other Issues	Judge Mills disclosed the creditor information, payment terms, security given, and the mortgage and assessed values for the properties she owns.
Staff Recommendations	Approve renewal of reporting modification with no change.

Application Questionnaire

FEB - 7 2013

Background InformationFiler Name: LEILA MILLSFiler Office Held or Sought: SUPERIOR COURT JUDGE, KITSAP COUNTYDate of Request: 2/10/13Period Covered by Request: 2012 - Annual Filing**Questions**

Please answer questions # 1 - # 8 below, unless:

- RESIDENTIAL ADDRESS. If you are seeking only nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- SPOUSAL SEPARATION. If you are seeking only nondisclosure of information related to your spouse based upon a recent or pending divorce or separation, or because it relates to a bona fide separate property agreement or other bona fide separate status, answer # 1, # 4, # 7 and # 8. A request for nondisclosure may be considered when such financial interest does not constitute a present or prospective source of income for you.



1. **MODIFICATION REQUEST SUMMARY** Describe the general nature of the information you do not wish to disclose. (Examples: financial interests where reporting the name would likely adversely affect the competitive position of an entity, customer lists of a business entity or sources of compensation/income for the entity, confidential relationships, information subject to bona fide separate property agreements, personal residential address, other).

PERSONAL RESIDENTIAL ADDRESS WHERE I RESIDE WITH MY HUSBAND, and REAL PROPERTY WHERE MY DEPENDENT SON RESIDES AND WHERE I VISIT FREQUENTLY. MODIFICATION WAS GRANTED FOR 2011 REPORTING. I WOULD LIKE TO RENEW THE REQUEST FOR 2012.

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2. **UNREASONABLE HARDSHIP** Describe in detail the manifestly unreasonable hardship in disclosing the information. Please describe in detail the reasons why you believe disclosing the information would be a hardship. The reasons stated should address the issues such as those listed below. Please address those topics below that are relevant to your specific request. For example, if you are seeking nondisclosure related to an entity, for each entity, please:

- Provide the name and description of the entity, business, union, association, not-for-profit, charitable organization, or other entity for which you are seeking a modification request from reporting the entity's disclosable customers/sources of compensation/income.

- Describe the size of the entity such as annual sales, number of customers or accounts, the number of employees, and other pertinent information.

- Describe how many business customers or other sources paying the entity more than \$10,000 would be subject to disclosure.

- Describe if you have access to information about the entity's customer base or sources of compensation/income.

- Describe if you are involved with the day-to-day operations of the entity.

- Describe if any of the entity's customers or sources of compensation/income are already listed in other public sources or publications including advertisements, or public records.

- Describe if any of the entity's customers or sources of compensation/income are already listed on a website.

- If the entity has a website address, list it here:

FEB - 7 2013

- If the entity's customers or sources of compensation/income are described elsewhere on the Internet, describe why you are seeking a modification (nondisclosure) for those customers or sources of compensation/income:
-

[*Note:* along with other information provided in the Application Questionnaire, Internet information regarding entities/sources of compensation/income may be reviewed by PDC staff and/or the Commission as part of the modification process.]

- Describe if the entity has the ability to sort its customer list or sources of compensation/income to identify those paying the entity more than \$10,000 during the reporting period.
-

- Describe if you disclosed all of the governmental customers or governmental sources of compensation/income that paid the entity more than \$10,000 in the reporting period.
-

- Indicate whether you have an ownership interest of 10% or more in the entity.
-

- Indicate whether your spouse's interest in an entity requires you to complete an F-1 Supplement for that entity.
-

- Describe other relevant information you believe the Commission should consider as to why it would be a manifestly unreasonable hardship if the information was required to be disclosed.
-



3. **NOT FRUSTRATE THE PURPOSES OF THE ACT** Describe how allowing you to not disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.
-

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Washington

4. **DUTIES** Describe your duties as an elected or appointed official. Please describe the jurisdiction or agency for which you hold public office, and the duties performed by you as a public official (examples: adopting rules or ordinances, hiring staff, approving contracts, setting policy, etc.). Please provide as much description as possible.

KITSAP COUNTY SUPERIOR COURT JUDGE.
CRIMINAL FELONY, FAMILY LAW AND CIVIL CASES.



5. **CUSTOMERS OR SOURCES OF COMPENSATION/INCOME** If you are seeking a modification related to a particular entity's reportable customers or sources of compensation/income for an entity, describe:

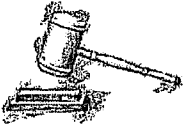
- In detail the position you hold in the entity (examples: owner, board member, officer, partner, etc.) and the duties performed by you for that entity, if any (examples: setting policy, hiring, approving contracts, approving budgets, etc.). Please provide as much description as possible.

-
- If you (or if you are seeking office, will you) make any decisions as a public official that may benefit the customers of the entity for which you are seeking a modification, or sources of compensation/income for the entity for which you are seeking a modification?
-



6. **RESIDENTIAL ADDRESS** Are you requesting to be exempted from disclosing the address of your personal residence in the Real Estate Section of the F-1? In this situation, you or your spouse may be a law enforcement officer, prosecutor, judge, or other official, and the disclosure of the address of your primary residence on the F-1 form could cause you or your family harm, based upon tangible evidence or a specific threat. If so, please explain in detail the **manifestly unreasonable hardship** if disclosure were required, and **why the purposes of the act would not be frustrated** if disclosure of the address was not required. If nondisclosure is based upon an anti-harassment or similar court order, please state. IN 2011, LAW ENFORCEMENT ADVISED ME OF A RECORDED PHONE CALL FROM A KITSAP COUNTY JAIL INMATE TO AN "OUTSIDE" CALLER. THEY DISCUSSED HOW I AM THE "HANGING JUDGE" AND THAT SOMEONE SHOULD "BLOW UP" MY HOME. THE FBI WAS NOTIFIED. I WAS ADVISED TO BE CAREFUL FOR MY SAFETY AND TO BE OBSERVANT OF MY SURROUNDINGS.

FEB -7 2013



7. **SPOUSAL SEPARATION** Are you requesting to be exempted from disclosing information related to your spouse based on a pending or recent divorce or separation, or bona fide separate property agreement or other bona fide separate status? In this situation, the filer has little or no knowledge of spouse's or former spouse's income, assets, liabilities or relationship to outside entities for which reporting may be required. (For example, do you file separate income tax returns?) The filer does not have access to spouse's or former spouse's financial information. The financial interest of the spouse or former spouse does not constitute a present or prospective source of income for the filer. If this is your situation, please describe.
-



8. **OTHER INFORMATION** Is there any other information you want the Commission to consider regarding your modification request? (If you are attaching any information or documents, please describe attachments.)
- AS A RESULT, LAW ENFORCEMENT WAS ON HEIGHTENED ALERT REGARDING MY HOME. I CONTINUE TO BE CONCERNED FOR THE SAFETY OF MY FAMILY AS WELL AS FOR MYSELF. I CONTINUE TO HANDLE CASES WHERE DEFENDANTS AND LITIGANTS ARE UNHAPPY WITH MY DECISIONS. DISCLOSURE OF MY PRIMARY RESIDENCE AND PROPERTY WHERE MY FAMILY STAYS CREATES AN UNREASONABLE HARDSHIP AND THREATENS THE SAFETY OF ME AND MY FAMILY.



- IF YOU WILL NOT BE ATTENDING THE HEARING IN PERSON OR BY PHONE TO ATTEST THE ABOVE INFORMATION AND RESPOND TO COMMISSION QUESTIONS, YOU MUST ALSO COMPLETE AND SIGN THE ATTACHED CERTIFICATION PRIOR TO SUBMISSION.

FEB -7 2013

Certification for an Application for a Reporting Modification or Suspension When Applicant Is Waiving Personal Appearance At the Hearing (Notary Not Required)

I am waiving my personal appearance at the hearing on my request for a reporting modification or suspension, and request the Commission to consider my written application. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the facts set forth in the attached application for a reporting modification are true and accurate to the best of my actual knowledge or belief.

List the date of the application request: 2/8/13

Entity or name of individual requesting reporting modification: LEILA MILLS, KITSAP COUNTY SUPERIOR COURT JUDGE.

Your signature: [Handwritten Signature]

Your printed name: LEILA MILLS

Business street address: 614 DIVISION STREET

City, state and zip code: PORT ORCHARD, WA 98366

Telephone number: (360) 337-7140

E-Mail Address: lmills@co.kitsap.wa.us


Date Signed: 2/8/13

Place Signed (City and County): Port Orchard Kitsap
City County

*RCW 9A.72.040 provides that: "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a gross misdemeanor."

IF YOU FAX OR SCAN AND SEND A COPY OF THIS SIGNED CERTIFICATION VIA E-MAIL TO THE PDC WITH YOUR MODIFICATION REQUEST, THE ORIGINAL MUST STILL BE PROVIDED. RETURN THE ORIGINAL OF THIS CERTIFICATION TO:

WASHINGTON STATE PUBLIC DISCLOSURE COMMISSION
711 Capitol Way Room 206
P.O. Box 40908
Olympia, WA 98504-0908
Attn: Reporting Modification Request

PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM
F-1A
 (1/12)

PERSONAL FINANCIAL AFFAIRS STATEMENT
 Short Form

P M PDC OFFICE USE
 O A
 S R
 T K

DATE FILED PDC

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 E
 D
EB 25 2013

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
 A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
Deadlines: Incumbent elected and appointed officials – by April 15.
 Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position.

Last Name **MILLS** First **LEILA** Middle Initial **N/A**
 Mailing Address (Use PO Box or Work Address) *
614 Division Street
 City **Port Orchard** County **Kitsap** Zip + 4 **983666-4614**

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
Preston Rice (Spouse)

Filing Status (Check only one box.)
 An elected or state appointed official filing annual report
 Final report as an elected official. Term expired: _____
 Candidate running in an election: month _____ year _____
 Newly appointed to an elective office
 Newly appointed to a state appointive office
 Professional staff of the Governor's Office and the Legislature

Office Held or Sought
 Office title: **Superior Court Judge**
 County, city, district or agency of the office, name and number: **Kitsap County**
 Position number: **#2**
 Term begins: **Jan 2013** ends: **Jan 2017**

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated **3/8/12**. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

Section 1. Income: Lease income from real Property (Assessors Parcel 8179-000-311-0002) –Income to self
 Source of Compensation- Lessee/renter-Norak Chiieng – Amount-Use Code-B

Source of Compensation –Lessee/renter – Shanti Malkoc – Amount-Use Code –A

Section 3 (a). Name and Address of financial institution with account over \$20,000:

Type of Account: Bank of America, NA, PO Box 15293, Wilmington, DE 19850 – Account 1 – Interest Checking –D
 Money Market Savings D

No changes for the remainder of Section 3(a) from last reporting period.

Check here if continued on attached sheet

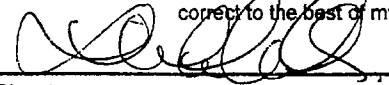
Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet				

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.
 I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
 I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

***CANDIDATES:** Do not use public agency addresses or telephone numbers for contact information

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

 2/25/13
Signature Date

Contact Telephone: (360) 337-7140 *
Email: mills@co.kitsap.wa.us (work) *
Email: _____ (Home) Optional

Report Not Acceptable Without Filer's Signature

DATE FILED PDC

FEB 25 2013

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE
 P O S T R K

DATE FILED PDC

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials -- by April 15.
 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

RECEIVED
MAR -9 2012

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name: **MILLS** First: **LEILA** Middle Initial: _____

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *
614 Division Street
 City: **Port Orchard** County: **Washington** Zip + 4: **98366-4614**

Preston A. Rice - Spouse

Spencer M. Leland - Dependent

Filing Status (Check only one box.)
 An elected or state appointed official filing annual report
 Final report as an elected official. Term expired: _____
 Candidate running in an election: month _____ year _____
 Newly appointed to an elective office
 Newly appointed to a state appointive office
 Professional staff of the Governor's Office and the Legislature

Office Held or Sought
 Office title: **Superior Court Judge**
 County, city, district or agency of the office, name and number: **Kitsap County**
 Position number: **2**
 Term begins: **Jan 2009** ends: **Jan 2013**

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.)

Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S State of Washington/Kitsap County 614 Division Street Port Orchard, WA 98366	Superior Court Judge	E
SP The Doctors Clinic 2200 NW Myhre Silverdale, WA 98383	Medical Doctor	E

Check Here x if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms Security Given Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned Assessor's Parcel Redacted Check here x if continued on attached sheet	E	Chase PO Box 78420 Phoenix, AZ 85062	4.875% Interest 30 years Mortgage E E

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
	Bank of America – Account 1 Interest Checking Money Market Savings Money Market Savings (Continued on continuation attachment)	D C B	NA NA NA
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. -Judicial Retirement Account, Olympia, WA -Department of Retirement Systems, Olympia, WA -Washington Public Employees Retirement, Olympia, WA -Vanguard European Stock Index Inv, Roth IRA	Judicial Retirement Account State of WA Deferred Compensation State of WA Retirement Fund PERS2 Roth IRA (Continued on continuation attachment)	D E E A	NA NA NA NA

DATE FILED POC

MAR -9 2012

Check here x if continued on attached sheet.

4 CREDITORS	List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.		AMOUNT (USE CODE)	
Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.

B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? No If yes, complete Supplement, Part A.

C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? No If yes, complete Supplement, Part A.

D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? No If yes, complete Supplement, Part B.


E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? No or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? No If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.


Signature

3/8/12
Date

Contact Telephone: (360) *337-7140

Email: lmills@co.kitsap.wa.us (work) *

Email: _____ (Home) Optional

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

LEILA MILLS -- F1 -- 2011 PERSONAL FINANCIAL AFFAIRS STATEMENT- INFORMATION CONTINUED

MAR -9 2012

1. **Income;** (Continued from Page 1)

- Lease Income from real property (Assessor's Parcel 8179-000-311-0002) -- Income to Self

Source of Compensation -- Lessee/renter -- Norak Chheng, 400 Washington Ave, #311

Bremerton, WA 98373 -- Amount -- Use Code -- B

- Income from Employer -- Income to Dependent

Name of Employer: Pacific Science Center Foundation, 200 2nd Ave N, Seattle, WA 98109

Occupation: Theater Attendant/part-time -- Amount -- Use Code - B

2. **All Other Property Entirely or Partially Owned** (from Page 1)

- Assessor's Parcel # - Reporting Modification Requested

Assessed Value Code: E

Creditor's Name/Address: Bank of America NA;

P.O. Box 650070, Dallas, TX 75265-0070

Payment Terms: 5.75% - 30 years

Security Given: Mortgage

Mortgage Amount -- Original -- E

Mortgage Amount -- Current -- E

- Assessor's Parcel # - Reporting Modification Requested

Assessed Value -- E

Creditor Name/address -- None

Payment terms, security, mortgage -- N/A

3. **Assets/Investments -- Interests/Dividends**

A. Name and Address of Bank or financial institution (Continued from Page 2)

- Bank of America --Account 2

Interest Checking: Asset Code -- E -- Income generated - NA

Money Market Savings -- Asset Code -- E -- Income generated -- NA

Regular Savings -- Asset Code -- A -- Income generated -- NA

(Cont.)

DATE FILED PDC

MAR -9 2012

- Bank of America – Account 3

Interest Checking - Asset Code – B – Income generated - NA

Regular Savings – Asset Code – A – Income generated - NA

B. None

C. Spouse's stocks bonds, ownership retirement plan IRA, notes. If decision making authority regarding assets investments, list each asset or investment, value and any income amount. Identify each stock or other asset in that account.

- Vanguard Tax-Managed International Fund Admiral Shares – Value Code E – Income Code B
- Vanguard Energy Fund Admiral Shares – Value Code E- Income Code A
- Vanguard Total International Stock Index Fund Admiral Shares – Asset Code C- Income Code A
- Vanguard Windsor II Fund Admiral Shares – Value Code E – Income Code A
- Vanguard LifeStrategy Moderate Growth Fund – Value Code E –Income Code A
- Vanguard Total Stock Market Index – Value Code E – Income Code B
- Vanguard Tax-Managed Capital Appreciation Fund Admiral Shares – Value Code E – Income Code A
- Tompkins financial Corporation – Value Code – D – Income Code A
- The Doctors Clinic, AP.C. 401(K) Profit Sharing Plan – 092463- Value Code E
- (Funds making up the 401(k) include Vanguard Capital Opportunity Fund Investor Shares, Vanguard Long-Term Investment-Grade Fund Investor, Vanguard Short-Term Investment-Grade Fund Investor Shares, Vanguard Target Retirement 2025 Fund, Vanguard Total Bond Market Index Fund Investor Shares, Vanguard Total International Stock Index Fund Investor Shares, Vanguard Total Stock Market Index Fund Investor Shares)



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828
 EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (7/09)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL STATEMENT
 DATE FILED PDC

MAR - 9 2012

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name MILLS	First LEILA	Middle Initial --	DATE 3/8/12
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: The Doctors Clinic , A Professional Corporation

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: The Doctors Clinic

Partner

ADDRESS: 9621 Ridgetop Blvd NW
 Silverdale, WA 98383

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Multi-Specialty Physicians Group

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

N/A

\$ N/A

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Washington State Department of Social and Health Services
 Department Of Labor and Industries
 Veterans Administration
 Medicare/Medicaid
 Workers Compensation

Purpose of payment (amount not required)
 Reimbursement for treatment provided

Reimbursement for treatment provided

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Private Insurers and Patients

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):
 Ownership Interest less than 10% - N/A

Name _____

MAR -9 2012

ENTITY NO. 2 Reporting For: Self Spouse

LEGAL NAME: Registered Domestic Partner Dependent

TRADE OR OPERATING NAME: POSITION OR PERCENT OF OWNERSHIP _____

ADDRESS: _____

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: _____

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments _____ Amount (actual dollars) _____
 \$ _____

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
 Agency name: _____ Purpose of payment (amount not required) _____

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:
 Customer name: _____ Purpose of payment (amount not required) _____

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
N/A	N/A		\$	

Check here if continued on attached sheet



COPY

STATE OF WASHINGTON

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908 • (360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdcc@pdcc.wa.gov • Website: www.pdcc.wa.gov

July 2, 2012

Judge Leila Mills
Kitsap County Superior Court
614 Division Street
Port Orchard, WA 98366

Subject: Reporting Modification – calendar year 2011

Dear Judge Mills:

Enclosed is a copy of PDC Order No. 3075, granting the reporting modification you requested concerning your Personal Financial Affairs Statement (PDC Form F-1) for the 2011 calendar-year reporting period.

Reporting modifications are granted for one reporting period. If you need to renew your reporting modification request, you must do so each time you file an F-1 report. Please submit your request early enough to allow the Commission time to act on your request before the annual April 15 filing deadline.

Thank you for your cooperation and participation during the reporting modification process. If you have questions, please contact me at (360) 586-4555, toll free at 1-877-601-2828, or by email at kristin.murphy@pdcc.wa.gov.

Sincerely,

Kristin Murphy
Political Finance Specialist

Enclosure



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STATE OF WASHINGTON
PUBLIC DISCLOSURE COMMISSION

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BEFORE THE PUBLIC DISCLOSURE COMMISSION
OF THE STATE OF WASHINGTON

IN THE MATTER OF THE APPLICATION)	PDC No. 3075
OF LEILA MILLS FOR A)	Findings, Conclusions
REPORTING MODIFICATION)	and Order
_____)		

On June 28, 2012, the application of Leila Mills, 614 Division Street, Port Orchard, Washington 98366 for a modification of the reporting requirements of RCW 42.17.241¹ was brought before the Public Disclosure Commission.

Consideration of the request was made pursuant to RCW 42.17A.120² and chapter 390-28 WAC by the Commission. The proceedings were held in Room 206, Evergreen Plaza Building, 711 Capitol Way, Olympia, Washington, 98504. The applicant, Leila Mills, by modification application, requested a reporting modification that would exempt her from disclosing her personal residential address information, including street address, parcel number, or legal description, and the address information of two other properties she owns, on her Personal Financial Affairs Statement for 2011.

The Commission was provided with a certification from Judge Mills waiving her personal appearance at the hearing and stating that the facts contained in the request are true and accurate.

FINDINGS OF FACT

Based upon the Modification Application, the Commission makes the following Findings of Fact:

1. Judge Mills has not previously been granted the requested reporting modification.
2. Judge Mills is an elected Superior Court Judge for Kitsap County. Her current term of office expires in January 2013.
3. Judge Mills stated that in 2011, law enforcement informed her that an inmate at the county jail had discussed with another individual that someone should blow up her home. Law enforcement advised her to be cautious about disclosing her address.
4. Judge Mills stated that she is concerned for her safety and that of her family, including the property at which her dependent son resides.
5. Judge Mills disclosed the creditor information, payment terms, security given, and the mortgage and assessed values for the properties she owns.

¹ RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).

² RCW 42.17A.120 (effective January 1, 2012) formerly codified at RCW 42.17.370(10).

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CONCLUSIONS OF LAW

Having made these Findings of Fact, the Commission makes the following Conclusions of Law:

1. Literal compliance with all the provisions of the reporting requirements of RCW 42.17.241³ would work a manifestly unreasonable hardship on the applicant.
2. Limited suspension or modification of the reporting requirements as specified in the Order would not frustrate the purposes of the Act in this particular case.

ORDER

Having made these Findings of Fact and Conclusions of Law, the Commission issues the following Order:

For the Statement of Personal Financial Affairs required to be filed with the Public Disclosure Commission between January 1 and April 16, 2012:

1. The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(j)³ with respect to her personal residence and two additional properties she owns by providing the assessed value, creditor information, payment terms, security given and mortgage amount codes.
2. In all other matters required to be reported, the applicant shall comply in full with the reporting requirements of RCW 42.17/42.17A.

DATED this 2nd day of July, 2012.

FOR THE PUBLIC DISCLOSURE COMMISSION

Andrea M. Doyle
Andrea McNamara Doyle
Executive Director

I, Jonathan Ammons, certify that I mailed a copy of this order to the Respondent/Applicant at his/her respective address/postage pre-paid on the date stated herein.
[Signature] 7/2/2012
Signed Date

³ RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).