FORM 1 F

# FINAL STATEMENT OF FINANCIAL INTERESTS

2012

| (TO BE FILED WITHIN  | N 60 DAYS OF LEAV  | ING PUBLIC OFFIC  | CE OR EMPLOYMENT)   |  |
|--|--|---|---|--|
| LAST NAME - FIRST NAME - MIDDLE NAME:  MCKINSEY, Tom, James  MAILING ADDRESS:  |  | NAME OF REPORTING PERSON'S AGENCY:  COLD MD COMMUNITY DOUBLE DISTOR |   |  |
| PO BOX 151065  | COUNTY   | LOCAL OFFIC   | STATE EMPLOYEE  |  |
| Cape Coral \$ 33   | 915 LEE  |   | 2012 Ppl Fora: i  |  |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL OFFICE OR EMPLOYMENT DESCRIBED ABO  MANNER OF CALCULATING REPORTAL THE LEGISLATURE ALLOWS FILERS THE OPT | OVE, WHICH DATE WAS<br>BLE INTERESTS:<br>TION OF USING REPORTING T | OD BETWEEN JANUARY 1, 2  OGO - 2 - 1  THRESHOLDS THAT ARE ABO       | 2012 AND THE LAST DATE I HELD THE PUBLIC  2012 AND THE LAST DATE I HELD THE PUBLIC  2012 (Date must be prior to 12/31/12) |  |
| FEWER CALCULATIONS, OR USING COMPA further details). PLEASE STATE BELOW WHE COMPARATIVE (PERCENTAGE  | RATIVE THRESHOLDS, WHIC<br>THER THIS STATEMENT REF                 | CH ARE USUALLY BASED OF<br>LECTS EITHER (must check                 | ON PERCENTAGE VALUES (see instructions for  |  |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]   |  |   |   |  |
| NAME OF SOURCE<br>OF INCOME  | SOURC<br>ADDRE   |   | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY   |  |
| Lennar Home  | 5 10481  | SIX Miles   | Home Building   |  |
|  |  | 7   |   |  |
|  |  |   |   |  |
|  | r sources of income to business                                    | ses owned by reporting person<br>")<br>ADDRESS<br>OF SOURCE         | PRINCIPAL BUSINESS ACTIVITY OF SOURCE   |  |
| N/DAG-   |  |   | <del></del>   |  |
|  |  |   |   |  |
|  |  |   |   |  |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p.4]  (If you have nothing to report, you must write "none" or "n/a")     |  |   | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.                             |  |
| 2208 Cape Con  | Heather ards   | 399/  | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.                            |  |
|  |  |   | OTHER FORMS you may need to   |  |

| PART D — INTANGIBLE PERSONAL PROPE<br>(If you have nothing to report, you mi   | RTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] ust write "none" or "n/a")                           |  |  |  |
|--|--|--|--|--|
| TYPE OF INTANGIBLE   | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  |  |  |  |
| NONE   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| PART E — LIABILITIES [Major debts - See instru<br>(If you have nothing to report, you mu<br>NAME OF CREDITOR   | ADDRESS OF CREDITOR  ADDRESS OF CREDITOR |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]  (If you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS  ACTIVITY |  |  |  |  |
| NAME OF BUSINESS I   | ENTITY#1 BUSINESS ENTITY#2 BUSINESS ENTITY#3   |  |  |  |
| ADDRESS OF   | VI / VVVO / / VVI / R  |  |  |  |
| BUSINESS ENTITY PRINCIPAL BUSINESS   |  |  |  |  |
| ACTIVITY POSITION HELD WITH ENTITY   |  |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   | <del></del>  |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   |  |  |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   |  |  |  |  |
| SIGNATURE:   | DATE SIGNED:<br>06-25-13   |  |  |  |
| FUING INSTRUCTIONS:  |  |  |  |  |

# WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

#### 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 you 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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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 2012, you may not have filed Form 1 for 2011. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2011 by July 1, 2012, 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.

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Pon McKinsey Po BOX 151065 Caper Gral, FL 33915

Supervisor of Elections PD BOX 2545 Fort Mass Myers, FL 33902

TO WYERS FL 339

THE STORME ST

