FORM 1	STATEN	MENT OF	2004					
Please print or type your name, mailing address, agency name, and position belo	FINANCIA	L INTERESTS						
LAST NAME FIRST NAME MIDDLE NAME : MCCORMICK, JOANNE ELAINE								
MCCORMICK, JOANNE E								
602 SE 35th Terrace		RECE	IVED					
CITY: Cape Coral NAME OF AGENCY:		Lee C	ID Code RVISUN OF BTISHS					
District 21 Medical Examiners Office								
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT :		P. Req. Code					
Secretary								
		APPOINTEE						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2004 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS 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 (check one): OR DOLLAR VALUE THRESHOLDS								
	PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]							
OF INCOME ADDRESS District 21 Medical Examine 2 70 Danley Davie			PRINCIPAL BUSINESS ACTIVITY					
	amines 10 Danle	En Druis						
	Ft Mye	いた						
PART B SECONDARY SOURCES	OF INCOME (Major customers, client	s, and other sources of income to busin	nesses owned by the reporting person]					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
AICA								
PART C REAL PROPERTY [Land,	-	LING INSTRUCTIONS for when d where to file this form are locat-						
DID	ed	at the bottom of page 2.						
		thi	STRUCTIONS on who must file is form and how to fill it out begin page 3.					
			THER FORMS you may need to e are described on page 6.					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
AICO						
			· · · · · · · · · · · · · · · · · · ·			
	<u> </u>					
		<u>a</u>				
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PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
AIM						
		·····				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	$\omega \sigma$					
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):						

SIGNATURE (required):

FILING INSTRUCTIONS:

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.

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 gualifying.

WHERE TO FILE:

Joanne Mccurrak

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

Candidates file this form together with their qualifying papers.

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

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.

1-21-05

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.



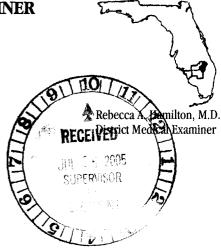
Phone #(239) 277-5020 Fax # (239) 277-5017 Suncom # 729-5020

July 21, 2005

OFFICE OF THE DISTRICT MEDICAL EXAMINER

DISTRICT 21, STATE OF FLORIDA LEE-HENDRY-GLADES COUNTIES

70 DANLEY DRIVE FORT MYERS, FLORIDA 33907-2437



To Whom It May Cocern:

l originally submitted this form to you two days before the due date. I guess it didn't reach you. I hope this one does.

Sincerely,

arrest Car

Joanne McCormick Medical Examiners Office