FORM 1	STATEN	MENT OF		2000	
FINANCIAL INTERESTS					
LAST NAME — FIRST NAME — MIDDLE  \[ \frac{1}{\interpret} \colonich \frac{1}{\interpret} \\ \text{MAILING ADDRESS:} \[ \frac{1}{\interpret} \text{Nyero } \frac{1}{\interpret} \\ \text{CITY:} \[ \text{CITY:} \]	ney Lone roue Lane	(see "Who Must File" on page 3): STATE OFFICER SPECIFIED STATE EMPLOYEE OR SOUGHT: Doord			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FILE A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2000  MANNER OF CALCULATING REPORTA PRIOR TO 2001, THE THRESHOLDS FOUES. BEGINNING IN 2001, THE LEGISI DOLLAR VALUES, WHICH REQUIRES FOUNT REFLECTS EITHER (check one):  COMPARATIVE (PERCEN	OW WHETHER THIS STATEMENT IS  OR	ESTS WERE COMPARATIVE, HE OPTION OF USING REPO ctions for further details). PLE	YEAR EN THE CALI USUALLY RTING TH ASE STAT	IDING EITHER (check one): ENDAR YEAR:  / BASED ON PERCENTAGE VAL- HRESHOLDS THAT ARE ABSOLUTE	
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME Social Stematy	OME [Major sources of income to the SOURI ADDR	CE'S	-	RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	and other sources of income to ADDRESS OF SOURCE	o business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
mone					
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  10.    Et			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.		

BECEIVED.

**OTHER FORMS** you may need to file 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					
none				,	
	2				
PART E — LIABILITIES [Major of NAME OF CRED			ADDRESS OF	CREDITOR	
none					
PART F — INTERESTS IN SPEC	FIED BUSINESSES [C	wnership or po:	sitions in certain types of businesses	]	
NAME OF	BUSINESS ENT	TY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	mone				
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: Janey L	McCorm	id	DATE SIGN	ED: 9 - 0 /	
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 UNNECES-SARY:

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.

#### WHERE TO FILE:

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State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** file this form together with your 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, 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.

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Finally, 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.

#### DIVISIONS OF FLORIDA DEPARTMENT OF STATE

Office of the Secretary
Office of International Relations
Division of Elections
Division of Corporations
Division of Cultural Affairs
Division of Historical Resources
Division of Library and Information Services
Division of Licensing
Division of Administrative Services



# FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF ELECTIONS

# MEMBER OF THE FLORIDA CABINET State Board of Education

State Board of Education
Trustees of the Internal Improvement Trust Fund
Administration Commission
Florida Land and Water Adjudicatory Commission
Siting Board
Division of Bond Finance
Department of Revenue
Department of Law Enforcement
Department of Law Enforcement
Department of Highway Safety and Motor Vehicles
Department of Veterans' Affairs

# Memorandum

To: Ho

Honorable Philinda A. Young

Supervisor of Elections, Lee County

Post Office Box 2545

Fort Myers, FL 33902-2545

From:

Commission Issuance

Date:

July 25, 2001

Re:

Misfiled Financial Disclosures

Enclosed is a financial disclosure which had been mistakenly filed with us.

It is for:

Nancy L. McCormick

FORM 1 STATEMENT OF 2000						
FINANCIAL INTERESTS PROPERTIES						
LAST NAME — FIRST NAME — MIDDLE N  YCC Commister Y (20)  MAILING ADDRESS:  9871 Popular Yro  N. J.H. Yryera 3390  CITY: ZIP:	rej L.	NAME OF REPORTING PERCENTING PERC	LOWING	(see "Who Must File" on page 3):  STATE OFFICER  SPECIFIED STATE EMPLOYEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2000  MANNER OF CALCULATING REPORTABL PRIOR TO 2001, THE THRESHOLDS FOR UES. BEGINNING IN 2001, THE LEGISLAT DOLLAR VALUES, WHICH REQUIRES FEV MENT REFLECTS EITHER (check one):  COMPARATIVE (PERCENTA	WHETHER THIS STATEMENT IS  OR SPECIFY  LE INTERESTS: REPORTING FINANCIAL INTERE TURE HAS ALLOWED FILERS TH	FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN ESTS WERE COMPARATIVE, HE OPTION OF USING REPO ctions for further details). PLE	YEAR EN THE CALE USUALLY RTING TH ASE STAT	ENDAR YEAR:  BASED ON PERCENTAGE VAL- IRESHOLDS THAT ARE ABSOLUTE		
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME  Social Sicurity	ME [Major sources of income to the SOURCE ADDRE	DE'S		RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY		
·	COME [Major customers, clients, a IAME OF MAJOR SOURCES OF BUSINESS'S INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, building	ngs owned by the reporting persor	1]		G INSTRUCTIONS for and where to file this form are		
PETERSIONS SUBERMOUND RECEIVED				RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.  ER FORMS you may need to be described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
none				
				<del></del>
PART E — LIABILITIES [Major NAME OF CRED			ADDRESS OF CR	EDITOR
none.				
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES [G		tions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Moril		BOOINEGO ENTIT # 2	DOONESS ENTITY 5
ADDRESS OF BUSINESS ENTITY	1 work		·	
PRINCIPAL BUSINESS ACTIVITY			- <u>-</u>	
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:	miGara	- h	DATE SIGNED	: 6-13-01

# **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 UNNECES-SARY:

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**Candidates** file this form together with your qualifying papers.

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Thereafter, local officers, 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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

FORM 1 STATEMENT OF 20					2000	
McCormick FINANCIAL INTERESTS						
Marynich Pan Malling ADDRESS: 9871 Pozplan	four lane	NAME OF REPORTING PERSON'S AGENCY:  LOCAL OFFICER STATE OFFICER				
M JX YNyers 33 CITY: ZIP:	COUNTY:	CANDIDATE SPECIFIED STATE EMPLOYEE  LIST OFFICE OR POSITION HELD OR SOUGHT: Loand  Members				
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, 2000  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS (old method)  OR  DOLLAR VALUE THRESHOLDS (new method)						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE SOURCE'S OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
Social Securit	C,					
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY  MONE	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS'S INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
· ·	<u></u>					
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					and where to file this form are	
JON 1 10 03 AN "UI				INST	RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.	
COLEGE DIE COLEGE DE REDULLED					ER FORMS you may need to e described on page 6.	

PART D — INTANGIBLE PERSO TYPE OF INTAN		s, bonds, certific		O WHICH THE I	PROPERTY RELATES
1 one			· · · · · · · · · · · · · · · · · · ·		
				<del></del>	
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR  ADDRESS OF CREDITOR					DITOR
None					
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES [O	wnership or pos	sitions in certain types of l	businesses]	
	BUSINESS ENTI	TY#1	BUSINESS ENT	TTY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	none				
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: DATE SIGNED: 6-6-01					

# **FILING INSTRUCTIONS:**

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