

The Estate of James C. Corman, deceased
c/o Nancy Malone Corman
8710 Old Dominion Drive, McLean, VA 22102-1211
phone: 703/556-9660 [] fax: 703/556-9090 [] JimCorman@aol.com

RECEIVED
SECRETARY OF THE SENATE
01 MAY -7 PM 1:43

May 1, 2001

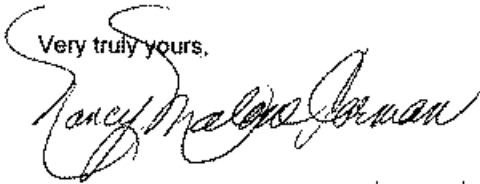
Re: Lobbying Report

To Whom It May Concern:

This report is being submitted delinquently because my husband, James C. Corman, suffered a massive stroke in early August, 2000 and passed away on December 30, 2000 without recovering his ability to remember the particulars of his finances nor other business matters.

The amounts are possibly not exactly correct but the are as close to precise as I can calculate.

Very truly yours,



Clerk of the House of Representatives
 Legislative Resource Center
 B-106 Cannon Building
 Washington, DC 20515

Secretary of the Senate
 Office of Public Records
 232 Hart Building
 Washington, DC 20510

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <u>JAMES C. CORMAN</u>	
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>8710 OLD DOMINION DRIVE</u>	
3. Principal Place of Business (if different from line 2) City: <u>MC LEAN</u> State/Zip (or Country) <u>VA 22102-1211</u>	
4. Contact Name <u>NANCY MALONE (CORMAN)</u>	Telephone <u>703 556 9660</u>
E-mail (optional) <u>JimCorman@aol.com</u>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION</u>	6. House ID # <u>31831002</u>

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report → Termination Date 6-1-2000

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ <u>\$20,000</u> <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature Nancy Malone

Printed Name and Title NANCY MALONE widow of James C. Corman

Registrant Name JAMES C. CORMAN Client Name NATIONAL STRUCTURED SETTLEMENTS
TRADE ASSOCIATION

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code TAX (one per page)

16. Specific lobbying issues

FACTORING OF STRUCTURED SETTLEMENTS

17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE OF REPRESENTATIVES
SENATE
TREASURY DEPARTMENT

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
<u>JAMES C. CORMAN (self only)</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 5-1-2001

Printed Name and Title NANCY MALONE widow of James C. Corman

Registrant Name James C. Corman Client Name NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION
Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

James C. Corman

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSN.

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature

Nancy Malone

Date 5-1-2001

Printed Name and Title

NANCY MALONE widow of James C. Corman

Form LD-2 (Rev. 6/98)

Page 3 of 3

COMMONWEALTH OF VIRGINIA
 CERTIFIED COPY OF DEATH RECORD

RECEIVED
 CLERK OF THE DEPARTMENT OF HEALTH
 MAY - 7 PM 1:43

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
 DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

CP21A

FOR DIVISION OF VITAL RECORDS	REGISTRATION AREA NUMBER 106	CERTIFICATE NUMBER 1770	STATE FEE NUMBER
DECEDENT	FULL NAME OF DECEDENT James Corman		SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF DEATH	DATE OF BIRTH	AGE	DATE OF DEATH
December 30, 2000	80	80	Oct 20, 1920
PLACE OF DEATH	NAME OF HOSPITAL OR INSTITUTION OF DEATH (if care in state)		
	Cherrydale Health Care Center		
	CITY OR TOWN OF DEATH		
	Arlington		
USUAL RESIDENCE OF DECEDENT	11. STATE OR FOREIGN COUNTRY OF DECEDENT'S RESIDENCE		12. COUNTY OF DECEDENT'S RESIDENCE (if not bonded city, write state)
	Virginia		Fairfax
	13. CITY OR TOWN OF RESIDENCE		14. STREET ADDRESS OR RT. NO. OF RESIDENCE
	McLean		8710 Old Dominion Dr.
			ZIP CODE 22102-12
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER		16. MARRIAGE OF DECEDENT'S MOTHER
	Ransford Darwin Corman/Corman		Edna Vivian Love
	17. RACE OF DECEDENT	18. EDUCATION (Specify only highest grade completed)	19. EDUCATION (Specify only highest grade completed)
	White	College (14 or 5+)	5+
	20. CITIZEN OF WHAT COUNTRY	21. BIRTHPLACE (State or country)	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
	U.S.A.	Kansas	MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>
	23. SOCIAL SECURITY NUMBER	24. SOCIAL OR LAST OCCUPATION	25. NAME OF BUSINESS OR INDUSTRY
	550-10-2945	Legislative	Lawyer
			26. INFORMANT - OR SOURCE OF INFORMATION Nancy Malone
CAUSE OF DEATH	28. PART I - Give the diseases, injuries, or complications (and) observed the cause. Do not enter the cause of dying such as cardiac or respiratory arrest, stroke, or heart failure. (List only one cause on each line.)		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Ruptured Abdominal Aneurysm		
	29. CAUSE OF DEATH (Final disease or condition resulting in death) CVA		
	30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I Atherosclerosis		
	31a. IF FEMALE, WAS THERE A PREGNANCY IN FACT 3 MONTHS?	31b. IF EXTERNAL CAUSE, IF WOUND PRIMARY OR CONTRIBUTING TO CAUSE OF DEATH	32. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
	NO	NO	
	33. TIME OF INJURY (mo) (day) (year)	34. PLACE OF INJURY (Home, farm, factory, school, office, etc.)	35. (city or town) (county) (state)
	36. To the best of my knowledge, death occurred at (a.m.) (p.m.) (on the date and place and from the cause(s) stated)		
	ACTUAL SIGNATURE Ebrahim Navid, MD DATE SIGNED 01/10/01		
	NAME OF ATTENDING PHYSICIAN Ebrahim Navid, MD ADDRESS OF ATTENDING PHYSICIAN 611 S. Carlin Springs Rd. #409		
	37. BURIAL	38. CREMATION	39. PLACE OF BURIAL, CREMATION, ETC. (Name of cemetery or crematory) (city or county) (state)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Northern Virginia Funeral Chantilly, VA 22021
	40. (Signature of funeral director or person legally filing this certificate)		
	NAME OF FUNERAL HOME AND ADDRESS Mooney & King Vienna Funeral Home 171 W. Maple Ave. Vienna, VA		
	DATE REPORT FILED 1-11-2001		
	REGISTERED FOR REGISTRAR'S USE		

This is to certify that this is a true and correct reproduction of the original record filed with the Arlington Department of Human Services, Arlington, Virginia.

Date Issued: Jan 11, 2001
 Registrar or Deputy *[Signature]*

(SEAL)
 ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE ARLINGTON DEPARTMENT OF HUMAN SERVICES CLEARLY AFFIXED Section 32-1-272, Code of Virginia, as Amended.