

FORM 1

STATEMENT OF

2003

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

Sean O'Connell 81321
Lee County
CITY: Page Park Local Neighborhood District Committee
110 Danley Drive
NAME Fort Myers FL 33907

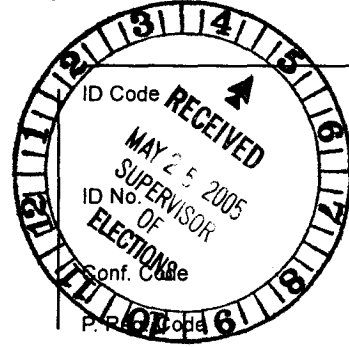
NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS
DATE RECEIVED

MAY 23 2005



PROCESSED

****THIS SECTION MUST BE COMPLETED****

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, 2003 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):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|--------------------------------|---|
| SELF EMPLOYER | 110 DANLEY DR | CARPENTRY |
| NEWHO HOLDINGS CO | PO BOX 62097 FT MY FL 33906 | PROPERTY MAINTENANCE |

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| N/A | | | |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

| |
|------|
| None |
| |
| |
| |

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.

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

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

STOCKS in IRA

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Bank America

Ft Myer VA

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

Nevin Holdings

ADDRESS OF BUSINESS ENTITY

PO Box 62087 Ft My VA 33906

PRINCIPAL BUSINESS ACTIVITY

Maintenance / Sec

POSITION HELD WITH ENTITY

Sec.

DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NA

NATURE OF MY OWNERSHIP INTEREST

NA

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

5/5/05

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 qualifying.

WHERE TO FILE:

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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.

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.

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.

2003

FORM 1

STATEMENT OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

COMMISSION ON ETHICS
DATE RECEIVED

MAILING ADDRESS :

MAY 18 2005

Sean O'Connell 81321
Lee County

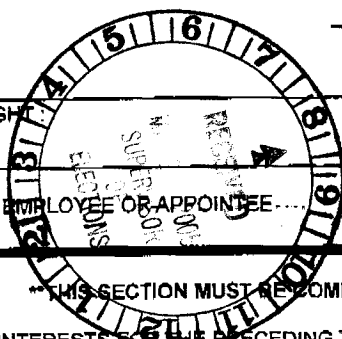
CITY: Page Park Local Neighborhood District Committee

110 Danley Drive

NAME Fort Myers FL 33907

NAME OF OFFICE OR POSITION HELD OR SOUGHT

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



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DECEMBER 31, 2003

OR

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COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|--------------------------------|---|
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| NEURO MONITORING CO | PO BOX 62097 FT MY FL 33906 | PROPERTY MAINTENANCE |

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| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| N/A | | | |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

| |
|------|
| NONE |
|------|

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| | |
|------------------------------------|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (optional) | |
| Additional Delivery Fee (optional) | |
| Postmark Here | |

OFFICIAL USE

Postal Service
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
Delivery Information visit our website at www.usps.com

3000 June 2002
See Reverse for Instructions
FL Comm - Ethics
Box 15709
TFL 32817

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
| STOCKS IN IRA | |
| | |
| | |
| | |
| | |

PART E — LIABILITIES [Major debts]

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
| Bank America | Fort Myers |
| | |
| | |
| | |

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | Nelson Holmberg | | |
| ADDRESS OF BUSINESS ENTITY | PO Box 62087 | Fort My, FL 33906 | |
| PRINCIPAL BUSINESS ACTIVITY | Maintenance / Sec. | | |
| POSITION HELD WITH ENTITY | Sec. | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | N/A | | |
| NATURE OF MY OWNERSHIP INTEREST | NA | | |

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):  DATE SIGNED (required): 5/5/05

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State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Bonnie J. Williams
Executive Director

Philip C. Claypool
General Counsel

(850) 488-7864 Phone
278-7864 Suncom
(850) 488-3077 (FAX)

www.ethics.state.fl.us

May 18, 2005

The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Fort Myers, FL 33902

Dear Ms Harrington:

Enclosed is the Form 1, Statement of Financial Interests, filed with this office by the following:

Sean O'Connell 81321

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script, appearing to read "Connie A. Evans".

Connie A. Evans
Executive Secretary

Enclosure

