

STATEMENT OF  
FINANCIAL INTERESTS

2000

LAST NAME — FIRST NAME — MIDDLE NAME:

DAUFFENBACH WALTER

MAILING ADDRESS:

4934 SKYLINE BLVD

CAPE CORAL 33914 LEE

CITY:

ZIP:

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

CITY OF CAPE CORAL

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☒ LOCAL OFFICER ☐ STATE OFFICER  
☐ CANDIDATE ☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD OR SOUGHT:

Planning &amp; Zoning Commission

## 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 OF INCOME | SOURCE'S ADDRESS  | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|---|---|
| DAUFFENBACH Homes Inc    | 4934 SKYLINE BLVD CAPE CORAL FL                                   | BUILDING CONTRACT                                       |
| Rental Income            | 914 / 916 - 906 / 908 - 1418 / 1420<br>CAPE CORAL PRNG CAPE CORAL | Rental Property   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |

## 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'S INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|--|-------------------|---------------------------------------|
| N/A                     |  |                   |                                       |
|                         |  |                   |                                       |
|                         |  |                   |                                       |
|                         |  |                   |                                       |
|                         |  |                   |                                       |

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

914-916 CAPE CORAL PRNG W / 906-908 CAPE CORAL PRNG W  
 1418-1420 CAPE CORAL PRNG W / 910-912 CAPE CORAL PRNG W  
 4934 SKYLINE BLVD / 4526-4528 SW 7th PI  
 4345-4347 SW 7th PI  
 ALL CAPE CORAL FL

**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.

**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

MUTUAL FUNDS / UNIT TRUST

AMSBOUTH INVESTMENTS

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

**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

DAUFFENBACH Homes/Inc

ADDRESS OF  
BUSINESS ENTITY

4934 SKYLINE BLVD - CC. FL

PRINCIPAL BUSINESS  
ACTIVITY

BUILDING CONTRACT

POSITION HELD  
WITH ENTITY

PRESIDENT

I OWN MORE THAN A 5%  
INTEREST IN THE BUSINESS

100%

NATURE OF MY  
OWNERSHIP INTEREST

OWNER

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

SIGNATURE:

Walter Dauffenbach

DATE SIGNED:

6-20-01

**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 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:**

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** 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.

**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.

**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.