

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

DAUFFENBACH WALTER O

MAILING ADDRESS :

4934 SKYLINE BL

CAPE CORAL 33914 LEE

CITY: ZIP: COUNTY:

CITY OF CAPE CORAL

NAME OF AGENCY :

PLAN Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2002 JUN 18 PM 12:30
SUPERVISOR OF ELECTIONS

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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, 2002 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 |
|------------------------------------|-------------------------------|---------------------------------------------------------|
| DAUFFENBACH HOMES Inc | 4934 SKYLINE BL CAPE CORAL FL | New Construction |
| INSURANCE REPAIR + Restoration Inc | 4934 SKYLINE BL CAPE CORAL FL | Remodeling |
| RENTAL PROPERTIES | 4934 SKYLINE BL CAPE CORAL FL | Rental Units |

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 |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

| | |
|----------------------------|------------------|
| 4934 SKYLINE BL | |
| 906/908 CAPE CORAL PKY W | 4145 SW 7th Ave |
| 910/912 CAPE CORAL PKY W | |
| 914/916 CAPE CORAL PKY W | All (CAPE CORAL) |
| 1418/1420 CAPE CORAL PKY W | FL |
| 4129 SW 7th AVE | 33914 |

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

AmSouth Investments

N/A

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

Wells Fargo

P.O. Box 10335 Des Moines IA 50306

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 | DAVIDSON BACK HOME INC | | |
| ADDRESS OF BUSINESS ENTITY | 4934 SKYLINE BL | | |
| PRINCIPAL BUSINESS ACTIVITY | New Construction | | |
| POSITION HELD WITH ENTITY | PRESIDENT | N/A | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | 100% N/A | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

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

SIGNATURE (required):

DATE SIGNED (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 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/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.