FORM 1		STATEMENT OF				2008	
Please print or type your name, mailing address, agency name, and position below:	]_	FINANCIAL		ESTS	5		
LAST NAME FIRST NAME MIDDLE Fluegel, Walter, Geno	NAME	E:		FOR OF USE ON		/ WILEO	
MAILING ADDRESS : 4715 SW 24 Place						iode	
CITY : Cape Coral, FL 33914 NAME OF AGENCY :	ZIP	COUNTY :			ID N	lo. Code	
Cape Coral Planning and Zoning	Cor	nmission/Lee Co Smart	Growth Comm		Cort	Code R	
NAME OF OFFICE OR POSITION HELD OR SOUGHT :					P.R	$\mathbf{N}$	
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE C		is form. Attach additional sheets					
**BOTH PARTS OF 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):   Image: Imag							
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	OME	SOU	ne reporting person] RCE'S RESS	-	_	SCRIPTION OF THE SOURCE'S	
Heidt & Associates			3800 Colonial Blvd, FM, FL 33966			Civil Engineering Firm	
State of Florida	State of Florida		Tallahassee, FL		State Government		
Gaurdian 401K	Gaurdian 401K		New York, NY		401K F	und	
NAME OF NAM		ME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDR BUSINESS' INCOME OF SOU		ESS		es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
			· · · · · · · · · · · · · · · · · · ·				
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.		
4715 SW 24 Place, Cape Coral, FL 33914					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
					отні	ER FORMS you may need to e described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stor TYPE OF INTANGIBLE	ocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
401 K	Personal Acct					
Bank Acct	Personal Acct					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR					
Nationpoint	Pittsburgh, PA					
SBA	Atlanta, GA					
GMAC	Southfield, MI					
PART F - INTERESTS IN SPECIFIED BUSINESSES [0	[Ownership or positions in certain types of businesses]					
BUSINESS EN	NTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY						
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 (required):						

## 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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

## 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 gualifying.

## 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.

**CRUCTIONS:** 

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.