STATEMENT OF FORM 1 FINANCIAL IN Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : Fenske Brian M. **USE ONLY:** MAILING ADDRESS: 1413 SW 14th Terrace CITY: ZIP: COUNTY: 33991 Cape Coral Lee NAME OF AGENCY: **City of Cape Coral** NAME OF OFFICE OR POSITION HELD OR SOUGHT: City of Cape Coral General Employee Pension Board You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF | CANDIDATE OR | NEW EMPLOYEE OR APPOINTEE \*\*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): SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:\_ **DECEMBER 31, 2008** 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 **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] DESCRIPTION OF THE SOURCE'S SOURCE'S NAME OF SOURCE PRINCIPAL BUSINESS ACTIVITY **ADDRESS** OF INCOME **Municipality Utility Service** City of Cape Coral 1800 Everest Parkway PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE BUSINESS ENTITY** FILING INSTRUCTIONS for when PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] and where to file this form are located Home- 1413 SW 14th Terrace - Cape Coral, FL 33991 the bottom of page 2. INSTRUCTIONS on who must file Land- 6517 Hartland Street - Ft. Myers, FL 33912 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 T	THE PROPERTY RELATES
City of Cape Coral 457 Retirement Plan	ICMA	
PART E — LIABILITIES [Major debts] NAM OF CREDITOR	AE OF CREDITOR	ADDRESS
Wells Fargo Mortgage	P.O. Box 10335 Des Moines, IA 50306-0335	
Suntrust P.O. Box 85041 Richmond, VA 23285		85
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		-
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	IOIONED	
NATURE OF MY OWNERSHIP INTEREST	<b>ISIGNED</b>	
		0.00

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



SIGNATURE (required): Blue M Jaw

DATE SIGNED (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 qualifying.

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; 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.