FORM 1	STATEMENT OF	2005
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS JULIE
LAST NAME FIRST NAME MIDDLE NO	ame: bert Frank	FOR OFFICE USE ONLY:
MAILING ADDRESS: E 20+	1. 33990-2778	SEP 26 200 ID COME SUPERVISOR
Cape Coral Municipal	ZIP: COUNTY: al General Employees Trust Fur	d. ID No. FIECTIONS
NAME OF AGENCY: Trustee NAME OF OFFICE OR POSITION HELD OF	•	Conf. Code P. Reg. Code
CHECK ONLY IF CANDIDATE OF	N/I	Hand-delivered to
	,	SECADECOTAL PDF 2005
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2005	WHETHER THIS STATEMENT IS FOR THE PRECED	AR, WHETHER BASED ON A CALENDAR YEAR OR ON
REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S	THE OPTION OF USING REPORTING THRESHOLD RUSING COMPARATIVE THRESHOLDS, WHICH ARTATE BELOW WHETHER THIS STATEMENT REFLECTION.	
COMPARATIVE (PERCENTAGE) T		DOLLAR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	[Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
State at Fli Liveniledu	133990 Juv Proba. Officer for Juv Justin	
Office of Retirement Ser	vices Lansing, Mi. 48409-70	Metire ment Pension
1	NCOME [Major customers clients, and other sources of NAME OF MAJOR SOURCES ADDROF OF BUSINESS' INCOME OF SO	
N/A		
PART C - REAL PROPERTY [Land, buildings owned by the reporting person]		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
- 1921 SE 12th St. - 3803 SW 5th Place	Cape Coral, F1.33990	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
4419 SW 20th Ave	(ape (ural, F), 33914	OTHER FORMS you may need to

CE FORM 1 - Eff. 1/2006 (Continued on reverse side)

OResidence

* Lots

PAGE 1

PAR'I D — INTANGIBLE PERSONAL TYPE OF INTANGIBLE	PROPERTY [Stocks, bonds, cer		sit, etc.] S ENTITY TO WHICH THE P	ROPERTY RELATES		
	rational Stock	Fund	\$175,000 cd	NIA		
	457 Plan		9,000 m	NIA		
Buffalo Small Co	ip Fung		1.000 00	NA		
			7			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	See Attach,	ment	for Dollar	Amounts)		
Bankof America P.O. Box 21983 Greensborg, N.C. 27420-1973						
SunTrust Mortgage P.O. Box 26149, Richmond Vg 23280 8149						
Wachovia Bank P.O. Bey 900001, Raleigh, No 27675, 900)						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTITY # 1	BUS	INESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	N/A					
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): Obert Frank Kovacs September 16,2006						
<u>FILING INSTRUCTIONS:</u>						

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.

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; 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.

CE FORM 1 - Eff. 1/2006

A. Bank of anierca

1. Mortgage balance 159,000

* 2. Line of credit 127,000

* Includes paying off 38035W

20th ave. which has a Obalance

B. Lun Trust 164,800

(loan on 1921 SE 12th St.)

C. Wachovia 123,200°

(loan on 4419 8W 20th ave.)