FORM 1 STATEMENT OF				2005			
Please print or type your name, mailing address, agency name, and position belo	FINANCIA	L INTERESTS	3 - 5				
LAST NAME FIRST NAME MIDD APU to SUSA MAILING ADDRESS: 5061 Indiso	n Lee	FOR OI USE OF		SNIF90.			
Estero FL CITY: Lee County NAME OF AGENCY:	33928 L-	e-e	ID Code	06JUN26PM0338SOELeeCoF			
Elementary School NAME OF OFFICE OR POSITION HE			Conf. C	ode PR			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE O	R 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):  DECEMBER 31, 2005  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  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 I NAME OF SOURCE OF INCOME	S	to the reporting person] SOURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Lee County Dept or Ed. Rayma C Page Elementary Lee County Dept or Ed. Feet myers FC/17000 Minimum.		e ElementMay School EL/17000 Magidui DR.	or. School Principal				
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	1	owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Oswald Teipper Co.	Spouse CAPUTO	13515 Bell Towne Do	myers R	Insurance Britishers			
,							
PART C REAL PROPERTY [Land,			and wher	INSTRUCTIONS for when re to file this form are locat-bottom of page 2.			
5061 Indigo BAY B	Luch writ 101 Fist	ero 1-1 33928	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
				FORMS you may need to			

PART D — INTANGIBLE PERSO TYPE OF INTANGI	NAL PROPERTY [Stock	ks, bonds, certificate	es of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE PROPERT	Y RELATES		
_	- ASSETS	Person	124.				
7100	7737-7						
			`	•			
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR					
PART F INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or position	s in certain types of businesse	s] N/A			
	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							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): Lusard Capula DATE SIGNED (required): June 19,3006							

## 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.

# FILING INSTRUCTIONS:

#### 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.