FORM 1	STATEM	STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS					
STRELOW, W	ILLIAM ROGE	FOR OFF USE ONL					
MAILING ADDRESS: 24151 Copper		- 15.6					
		ID C	#				
Bonita Spring	ee	ID N	。 2 5				
NAME OF AGENCY: OMMUNITY SUSTAINA NAME OF OFFICE OR POSITION HEL	ommittee		o. 250 SDE LEE				
Member		P. Re	eq. Code				
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	if necessary. PPOINTEE		2011 PDF Form 1				
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 (must check one): DECEMBER 31, 2011 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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCES OF INCOME SOURCES ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREYA MORAL GAST University FOREYA MORAL GAST University FOREY BY MY SOURCE ON THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREYA MORAL GAST University FOREY BY MY SOURCE ON THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREYA MORAL GAST University FOREY BY MY SOURCE ON THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREYA MORAL GAST University FOREY BY MY SOURCE ON THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREY BY MY SOURCE ON THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREY BY MY SOURCE ON THE SOURCE ON THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREY BY MY SOURCE ON THE SOURCE ON THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREY BY MY SOURCE ON THE SOURCE ON THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOREY BY MY SOURCE ON THE SOU							
PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA	NA	N/A		NA			
			-				
PART C REAL PROPERTY [Land, b (If you have nothing to rep	n - See instructions p. 4]	when and where to file this form					
Home at 24151		are located at the bottom of page 2. INSTRUCTIONS on who must					
Builta Spring	3	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 See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")									
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
NIA									
——————————————————————————————————————									
PART E — LIABILITIES [Major det (If you have nothing to			a")						
NAME OF CREDITOR		ADDRESS OF CREDITOR							
NIA		-			H				
					2FB249				
									
PART F — INTERESTS IN SPECIFIE (If you have nothing to n		"none" or "n/a"		e instructions p. 5] BUSINESS ENTITY # 3	251 SDE				
NAME OF BUSINESS ENTITY	1//	1	300,1100 2,1111 1		H				
ADDRESS OF BUSINESS ENTITY	10/17	7			8-				
					<u> </u>				
PRINCIPAL BUSINESS ACTIVITY					1444				
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):			DATE SIGNE	D (required):					
William K	20ga 57	trelon	Feb. 2	0,2012					
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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).

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.