

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

Ku Koski, William Bernard

MAILING ADDRESS:

20917 SKYLER DR

N. FT MYERS 339.7 Lee

CITY: HERONS GLEN RECREATIONAL DISTRICT ZIP: COUNTY:

NAME OF AGENCY: SUPERVISOR

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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

19APR19PM0133 SDE Lee Co FI

\*\*\*\* 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 (must check one):

DECEMBER 31, 2018 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<del>Medical Properties Trust</del>		<del>Real estate properties to med</del>
INVESTMENT INCOME FROM 6 ACCOUNTS AT WELLS FARGO + SCHWAB IN MY NAME OR IN H & W TRUST		NO SINGLE INVESTMENT
PRODUCES MORE THAN 3% OF TOTAL INCOME		

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NONE IN FLORIDA OTHER THAN RESIDENCE

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
6 ACCOUNTS WITH WELLS FARGO + SCHWAB IN MY NAME OR IN H+W TRUST INCLUDING IRAs. NO HOLDING OVER 50% OR TOTAL	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY	NONE	
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

4/16/19

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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. To determine what category your position falls under, see page 3 of instructions.

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**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** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

# Knott · Ebelini · Hart

Attorneys At Law

George H. Knott \*\*  
Mark A. Ebelini  
Thomas B. Hart □  
Aaron A. Haak ◇+  
Asher E. Knipe

\* Board Certified Civil Trial Lawyer  
□ Board Certified Real Estate Lawyer  
+ Board Certified Business Litigation Lawyer  
◇ Board Certified Construction Lawyer

1625 Hendry Street • Third Floor (33901)  
P.O. Box 2449  
Fort Myers, Florida 33902-2449

Telephone (239) 334-2722  
Facsimile (239) 334-1446

[www.knott-law.com](http://www.knott-law.com)

THart@knott-law.com

George W. Gift, III  
Kristie A. Scott  
Miesha M. Hewitt

James T. Humphrey  
Of Counsel

Michael E. Roeder, AICP  
Director of Land Use

April 18, 2019

## VIA HAND DELIVERY

Bernie Feliciano  
Office of the Supervisor of Elections  
2480 Thompson Street, Third Floor  
Fort Myers, Florida 33901

Re: Form 1, Statement of Financial Interest  
Herons Glen Recreation District

Dear Bernie:

Enclosed please find Form 1 on behalf of William Bernard Kulkoski. Mr. Kulkoski took office as Supervisor of Herons Glen Recreation District effective April 1, 2019.

Please let me know if you need anything else. Best regards.

Sincerely yours,

KNOTT EBELINI HART



Thomas B. Hart

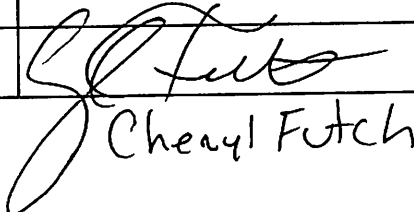
TBH:pw

Enc:

Cc: William Bernard Kulkoski (w/enc.)

April 19th

TIME: Anytime

<b>NAME</b> <b>COMPANY</b> <b>STREET ADDRESS</b> <b>PHONE</b>	Bernie R. Feliciano, Qualifying Officer Lee County Supervisor of Elections Office 2480 Thompson Street, Third Floor Fort Myers, FL 33901
<b>DELIVERY/PICKUP:</b> <b>TIME NEEDED:</b>	Please deliver.
<b>HAND</b> <b>DELIVERY/PICK-UP</b> <b>INFO SHEET</b> <b>ATTY/SEC:</b>	TBH/paw
<b>FILE NO.:</b>	
<b>FILE NAME:</b>	Herons Glen Recreation District
<b>COURIER CHARGE:</b> <b>MISCELLANEOUS:</b>	
<b>COURIER</b> <b>PREFERENCE IF OUTSIDE</b> <b>OF LEE COUNTY</b> <b>PLEASE CIRCLE ONE</b>	
<b>SIGNATURE/DATE:</b>	 4/19/19 Cheryl Futch