FORM 1	STATEMENT OF	2022
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE  GEORGE ROSEST  MAILING ADDRESS:	Michael	
10100 Tin Ma	7/e Dr #14	
ESTEIN	33928 Lee	
Lee County Por	zip: county: TAuthority	
NAME OF AGENCY: / Trocure ment /	Manacor	
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT:	
CHECK ONLY IF	OR NEW EMPLOYEE OR APPOINTEE	
DISCLOSURE PERIOD:	*** THIS SECTION MUST BE COMPLETE!  JR FINANCIAL INTERESTS FOR CALENDAR YEAR EN	
FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	SING REPORTING THRESHOLDS THAT ARE ABSOLUTE NG COMPARATIVE THRESHOLDS, WHICH ARE USUAL CHECK THE ONE YOU ARE USING (must check one)	LY BASED ON PERCENTAGE VALUES
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to the reporting person - See ins	tructions]
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
LCPA	11000 Termina/Hacers Rd	Airport
	Fort Myers +133913	,
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to businesses owned by the reporting pe	erson - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")		You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
(Townhome)		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.

(If you have nothing to report, write "none	·		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Nove			
PART E — LIABILITIES [Major debts - See instructions]  (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Wore	ACCITICATION .		
More			
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 POSITION HELD WITH ENTITY	-M/H		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112 3142, FS			
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			
	And the state of t		
SIGNATURE OF FILE	If a certified public accountant licensed under Chapter 473, or attorney		
Signature:	in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement		
What House	I, prepared the CE		
Molar 1, 1903	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		
Date Signed:	CPA/Attorney Signature		
6/14/202	Data Signed		
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 <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

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 PO 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), send it to CEForm1@leg state fl us and retain a copy for your records Do not file by both mail and email. Choose only one filling 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022