FORM 1	STATEM	ENT OF	2021	
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL]	NTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MID	DLE NAME :	- 	SC SOE JUN15'2214:27	
Tweed Marshall Allan			36 305 30813 2219-21	
MAILING ADDRESS :				
P.O. Box 900				
CITY :	ZIP : COUNTY :			
Loughman	33858 Polk			
NAME OF AGENCY :	- > >			
Keunion West	F CDD			
NAME OF OFFICE OR POSITION	HELD OR SOUGHT :			
Board Seat	3			
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE				
	**** THIS SECTION MUST		***	
DISCLOSURE PERIOD:	THIS SECTION MIDS	BE COMPLETED		
THIS STATEMENT REFLECTS	YOUR FINANCIAL INTERESTS FOR	CALENDAR YEAR ENDIN	IG DECEMBER 31, 2021.	
MANNER OF CALCULATIN	G REPORTABLE INTERESTS:			
Contraction interview and second se		S THAT ARE ABSOLUTE D	OLLAR VALUES, WHICH REQUIRES	
			BASED ON PERCENTAGE VALUES	
	Is). CHECK THE ONE YOU ARE US	SING (must check one):		
COMPARATIVE	(PERCENTAGE) THRESHOLDS	OR DOLLAR	R VALUE THRESHOLDS	
	INCOME [Major sources of income to the report, write "none" or "n/a")	e reporting person - See instruc	tions]	
NAME OF SOURCE OF INCOME	SOUR ADDF		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Salesforce			A 746 Cloud-based Software Provider	
			Toud-based Software Trovider	
PART B SECONDARY SOURCE				
	 and other sources of income to business report, write "none" or "n/a") 	es owned by the reporting perso	on - See instructions]	
			PRINCIPAL BUSINESS	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	ACTIVITY OF SOURCE	
none				
PART C REAL PROPERTY [Land	I, buildings owned by the reporting person		You are not limited to the space on the	
	eport, write "none" or "n/a")		lines on this form. Attach additional sheets, if necessary.	
none			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, ce (If you have nothing to report, write "none" or "n/a")	rtificates of deposit, etc See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stock Salesforce	CRM)			
PART E — LIABILITIES [Major debts - See instructions]	nan yanan dan anan kalendara baken yan beri kan kanan kalendari kata kata kalendari kalendari kalendari kalenda			
(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 (If you have nothing to report, write "none" or "n/a")				
NAME OF BUSINESS ENTITY none	JSINESS ENTITY # 1 BUSINESS ENTITY # 2			
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				
agency created under Part III, Chapter 163 required to complete annua	ool superintendents, and commissioners of a community redevelopment I ethics training pursuant to section 112.3142, F.S. MPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY			
Signature: Marshill Eared	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.			
Date Signed: 6 /15 / 2022	CPA/Attorney Signature:			
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on Ethics or a Cours Supervisor of Elections for your annual disclosure filing, return to form to that location. To determine what category your position far under, see page 3 of instructions. Local officers/employees file with the Supervisor of Election				

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</u> 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), 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.

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, 2021.