CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Alexander William

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Keyes Community Services District

Division, Board, Department, District, if applicable

District

Your Position

Director

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☒ Other Keyes Community Services District

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is 01 / 01 / 2019, through December 31, 2019

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*

○ The period covered is January 1, 2018, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* _____

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- ☐ ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET | CITY | STATE | ZIP CODE

P O Box 699 | Keyes | Ca | 95328

DAYTIME TELEPHONE NUMBER

(209) 668-8341

EMAIL ADDRESS

mharris@keyescsd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1-22-2019 *(month, day, year)*

Signature William Henry Alexander *(File the originally signed paper statement with your filing official.)*