**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): Eddie (FIRST): Jones (MIDDLE):

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: Keyes Community Services District

Division, Board, Department, District, if applicable: District

Your Position: Board Member

▶ 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 / 2020, through December 31, 2018.

☐ **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 STREET *(Business or Agency Address Recommended - Public Document)*: P O Box 699
CITY: Keyes
STATE: Ca
ZIP CODE: 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** 1/1/2020 *(month, day, year)*

**Signature** Eddie Jones
*(File the originally signed paper statement with your filing official.)*