

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

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)

<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input checked="" type="checkbox"/> Other <u>Keyes Community Services District</u>

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. -or- The period covered is <u>01</u> / <u>01</u> / <u>2021</u> , through December 31, 2018.	<input type="checkbox"/> Leaving Office: Date Left _____ (Check one circle.) <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. -or- <input type="radio"/> The period covered is _____, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed _____	
<input type="checkbox"/> 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

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

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

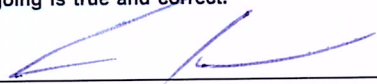
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
P O Box 699		Keyes	Ca	95328
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(209) 668-8341	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 1-26-21
(month, day, year)

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