

**COVER PAGE**

**A PUBLIC DOCUMENT**

Please type or print in ink.

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

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Keyes Community Services District

Division, Board, Department, District, if applicable

District

Your Position

Vice President

► 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 / 2021, through December 31, 2018.

Assuming Office: Date assumed \_\_\_\_\_

Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

Leaving Office: Date Left \_\_\_\_\_  
(Check one circle.)

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

The period covered is \_\_\_\_\_, through the date of leaving office.

**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 CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

P O Box 699 Keyes Ca 95328

DAYTIME TELEPHONE NUMBER

( 209 ) 668-8341

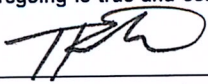
EMAIL ADDRESS

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 1-26-21  
(month, day, year)

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