## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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1417694

Please type or print in ink.

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)	
Roberson,	Robert					
1. Office, Agency, or Court						
Agency Na	ame (Do not use acronyms)					
San Lui	s Obispo County					
Division, E	loard, Department, District, if applicable		Your Position			
San Mig	uel CSD		District Fire Ch	nief		
► If filing	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency: _	Agency: _*SEE ATTACHED FOR ADDITIONAL FOSITIONS		Position:			
2. Jurisdi	ction of Office (Check at least one box)			21 <b>-</b> 002 <b>-</b> 000 <b>V</b> 000		
☐ State	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
☐ Multi-C	Multi-County		X County of San Luis Obispo			
☐ City of			X Other San Miguel	Community	Services District	
3. Type o	f Statement (Check at least one box)					
X Annu	al:The period covered is January 1, 2021 through December 31, 2021.	Q	Leaving Office: Da			
-or-			(Check one circle)  O The period covered is January 1, 2021 through the date of			
	The period covered is, thropology through the period covered is, thropology through the period covered is, thropology through the period covered is, through the period covered is	ugh	leaving office.	ed is January 1,	2021 through the date of	
☐ Assu	ming Office: Date assumed/		<ul> <li>The period cover of leaving office.</li> </ul>		/, through the date	
☐ Cand	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						
□ s	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
□ S	chedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached				
□ S	chedule B - Real Property - schedule attached	]	Schedule E - Income - G	ifts – Travel Pay	ments - schedule attached	
-or-						
X None - No reportable interests on any schedule						
5. Verifica	tion					
MAILING AD (Business or	DRESS STREET Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
PO Box		San Mi		CA	93451	
	ELEPHONE NUMBER		E-MAIL ADDRESS			
13 <del>0</del>	( 1000					
	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 u	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Sign	Date Signed 03/01/2022 Signature Robert Roberson					
	(month, day, year)		giluturo	interior.	nent with your filing official.)	