

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

A PUBLIC DOCUMENT

	ease type or print in ink.				
11	ME OF FILER (LAST) (FIRST)		(MIDDLE)		
1. Office, Agency, or Court					
١.					
	Groyeland Community Services District Board Member				
	Division, Board, Department, District, if applicable Your Position				
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)				
	Agency: Position:				
	Agency:	Position	1:		
2. Jurisdiction of Office (Check at least one box)					
	State		, Retired Judge, Pro Tem Jud	dge, or Court Commissioner	
			vide Jurisdiction)	£	
	Multi-County	Count		0 707	
	City of	Other	Special	N.STrict	
3.	Type of Statement (Check at least one box)				
,	Annual: The period covered is January 1, 2021, through	Leav	ing Office: Date Left		
	December 31, 2021.	"	(Check one	1, 2021 , through the date of	
	The period covered is	_, unough	eaving office.	i, 2021, through the date of	
	Assuming Office: Date assumed 13 5 201	<u>₹</u> □ ⊤		, through	
		the date of leaving office.			
	Candidate: Date of Election and office sought, if different than Part 1:				
4.	4. Schedule Summary (must complete) ► Total number of pages including this cover page:				
	Schedules attached				
	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached				
	Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached				
	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached				
-or-¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬					
	Verification		, "	A	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
	P.O. Box 360	Groveland	CA	95321	
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	. 0	1	
	(209) 9 62-7161 Tarmstrong to gesdy 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.				
	dad of				
	Date Signed 3/3/12/ (month, day, year)	Signature 4/1/2	(File the originally signed paper state.	ment with your filing officials	
1	D :			FPPC Form 700 Cover Page (2021/2022	