

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.		
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Armstrong , John	
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	Groveland Community Services District	Director
	Division, Board, Department, District, if applicable	Your Position
	► If filing for multiple positions, list below or on an attachment. (D	o not use acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	
3.	Type of Statement (Check at least one box)	
	Arnual: The period covered is January 1, 2023, through	Leaving Office: Date Left/
	December 31, 2023. 12 31 2023	(Check one circle.)
	The period covered is, the December 31, 2023.	hrough The period covered is January 1, 2023, through the date of leaving office.
	Assuming Office: Date assumed 12 12 2023	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office	e sought, if different than Part 1:
4. Schedule Summary (required) ► 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- None - No reportable interests on any schedule		
ο.	Verification MAILING ADDRESS STREET	CITY STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document)	roveland CA 95321
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	(209) 962-7161	jarmstrong @gcsd.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
	2/27/2024 Date Signed	Signature MI I Man 2 22
	(month, day, year)	(File the originally signed paper statement with your filing official.)