

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE  
 A PUBLIC DOCUMENT**

Date Initial Filing Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Armstrong	John	F

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

Agency Name *(Do not use acronyms)*  
 Groveland 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: \_\_\_\_\_

**2. Jurisdiction of Office** *(Check at least one box)*

- |                                             |                                                                                                                        |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> State              | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner<br><i>(Statewide Jurisdiction)</i> |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____                                                                               |
| <input type="checkbox"/> City of _____      | <input checked="" type="checkbox"/> Other <u>Special District</u>                                                      |

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

- |                                                                                                                      |                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2020, through December 31, 2020. | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br><i>(Check one circle.)</i>     |
| -or-<br>The period covered is ____/____/____, through December 31, 2020.                                             | <input type="checkbox"/> The period covered is January 1, 2020, through the date of leaving office.        |
| <input checked="" type="checkbox"/> <b>Assuming Office:</b> Date assumed <u>12 / 5 / 2018</u>                        | -or-<br><input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> <b>Candidate:</b> 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 - <i>Investments</i> – schedule attached	<input type="checkbox"/> Schedule C - <i>Income, Loans, &amp; Business Positions</i> – schedule attached
<input type="checkbox"/> Schedule A-2 - <i>Investments</i> – schedule attached	<input type="checkbox"/> Schedule D - <i>Income – Gifts</i> – schedule attached
<input type="checkbox"/> Schedule B - <i>Real Property</i> – schedule attached	<input type="checkbox"/> Schedule E - <i>Income – Gifts – Travel Payments</i> – schedule attached

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

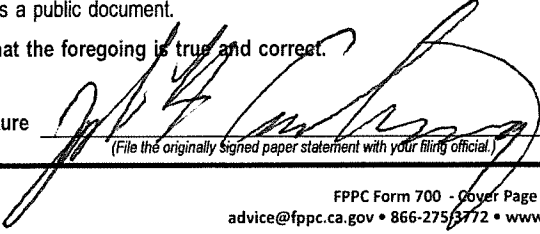
**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
P.O. Box 350		Groveland	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.

Date Signed 03-04-2021  
(month, day, year)

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