

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
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Please type or print	in ink.		
NAME OF FILER (LAST	(FIRST)		(MIDDLE)
PARKER	JOHNA	THON	
l. Office, Agend	cy, or Court		
	o not use acronyms) IMUNITY SERVICES DISTRICT		
Division, Board, D	Department, District, if applicable	<u></u>	Your Position
DISTRICT			DIRECTOR
► If filing for mul	tiple positions, list below or on an attachment.	(Do not us	e acronyms)
Agency:			Position:
. 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			■ Other DISTRICT
	ement (Check at least one box)		
De	e period covered is January 1, 2024, through cember 31, 2024		Leaving Office: Date Left/(Check one circle.)
	e period covered is/	_, through	The period covered is January 1, 2022, through the date of leaving officeor-
Assuming O	office: Date assumed//		The period covered is/, through the date of leaving office.
Candidate:	Date of Election and o	office sought,	if different than Part 1:
. Schedule Su	ımmary (required) ► Tota	l number	of pages including this cover page:
Schedules a	attached		
☐ Schedule	A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
	A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
	B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
or- □ <i>Non</i> e	- No reportable interests on any sche	dule	
. Verification	The reportable interests on any serie	-	
MAILING ADDRESS	STREET Address Recommended - Public Document)	CITY	STATE ZIP CODE
P O BOX 69		KEYES	CA 95328
DAYTIME TELEPHON			EMAIL ADDRESS
(209) 668	-8341	_	JOHNPARKER9711@YAHOO.COM
I have used all re- herein and in any	asonable diligence in preparing this statement.	I have revie cknowledge	wed this statement and to the best of my knowledge the information contained
-	enalty of perjury under the laws of the Stat		
Date Signed	1/23/2024	s	ignature (File the originally signed paper statement with your filing official.)
	(month, day, year)		I no no organisty organis popol descention may your many orining.