

**COVER PAGE**

*A PUBLIC DOCUMENT*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Parker Johnathon

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

Agency Name (Do not use acronyms)

Keyes Community Services District

Division, Board, Department, District, if applicable

Your Position

District

President

► 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)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other Keyes Community Services District

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is 01 / 01 / 2021, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_  
(Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
P O Box 699 Keyes Ca 95328  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 209 ) 668-8341 mharris@keyescsd.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 Jan 26, 2021  
(month, day, year)

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