

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Sellick (FIRST) Debbara (MIDDLE) Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Mark Twain Health Care District Secretary
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)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Calaveras
- City of _____ Other _____

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

- Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- Leaving Office: Date Left ____/____/____ (Check one circle.)
- Assuming Office: Date assumed ____/____/____ The period covered is January 1, 2023, through the date of leaving office.
- or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 2019 and office 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

5. Verification

MAILING ADDRESS P.O. Box 884 Angels Camp Ca 95222
STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (209) 768 9415 EMAIL ADDRESS debbie.sellick@lwe.com

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 07 2024
(month, day, year)

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