

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Toepel (FIRST) Kathie (MIDDLE) S

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Mark Twain Health CARE District  
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
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of Calaveras
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2020, through December 31, 2020.
- or- The period covered is \_\_\_\_\_, through December 31, 2020.
- 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, 2020, through the date of leaving office.
- or- 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)  
PO Box 683 Copperopolis CA 95228

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(209) 613-0072 ktoepel@MTHCD.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 2/10/2021 Signature [Signature]  
(month, day, year) (File the originally signed paper statement with your filing official)