CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Mark Twain Health care Dist

Division, Board, Department, District, if applicable — Your Position: Secretary

► 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, 2024, through December 31, 2024.
  -or-
  The period covered is ____/____/_____, through December 31, 2024.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Candidate:** Date of Election 2019 and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle below.)*
  ☐ The period covered is January 1, 2024, through the date of leaving office.
  -or-
  ☐ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► ***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 (Business or Agency Address Recommended - Public Document) STREET: P.O Box 95 CITY: San Andreas STATE: Ca ZIP CODE: 95249

DAYTIME TELEPHONE NUMBER: (209) 754-4448 EMAIL ADDRESS:

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 March 26, 2025 *(month, day, year)*

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