

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Hack

Loxi

L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

MARK TWAIN

HealthCare District

Board Member

Your Position

Division, Board, Department, District, if applicable

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through
December 31, 2025.

-or-

The period covered is 01/01/2025, through
December 31, 2025.

☐ Assuming Office: Date assumed

Leaving Office: Date Left
(Check one circle below.)

☐ The period covered is January 1, 2025, through the date of
leaving office.

-or-

The period covered is, through
the date of leaving office.

☐ Candidate: Date of Election 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 A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

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

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

292 UPPER MORAN Road #772

Arnold

CA

95223

(415) 260 6277

Loxi Hack@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

6-1-2026
(month, day, year)

Signature

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

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Lori Hook

► NAME OF BUSINESS ENTITY

Obiect Health LLC

GENERAL DESCRIPTION OF THIS BUSINESS

Consulting HealthCare IT

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☒ Partnership

☐ Income Received of \$0 - \$499

☒ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /25
ACQUIRED

/ /25
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /25
ACQUIRED

/ /25
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /25
ACQUIRED

/ /25
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /25
ACQUIRED

/ /25
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /25
ACQUIRED

/ /25
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /25
ACQUIRED

/ /25
DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Lowi Hach

► 1. BUSINESS ENTITY OR TRUST

Name KSH Real Estate LLC
Address (Business Address Acceptable) 1750 - I Newell Ave #209 Walnut Creek CA 94596
Check one
Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate Property Mngt.

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999
\$2,000 - \$10,000 / /25 / /25
\$10,001 - \$100,000 ACQUIRED DISPOSED
☒ \$100,001 - \$1,000,000
Over \$1,000,000

NATURE OF INVESTMENT

☒ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Partner

► 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999
\$2,000 - \$10,000 / /25 / /25
\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000
Over \$1,000,000

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

1489 Jasmine Circle Kemetluk CA
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000
\$10,001 - \$100,000 / /25 / /25
☒ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000
\$10,001 - \$100,000 / /25 / /25
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Lori Heek

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

292 Upper Moran Road

CITY

Arnold CA 95223

FAIR MARKET VALUE

\$2,000 - \$10,000

\$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 25

ACQUIRED

/ / 25

DISPOSED

NATURE OF INTEREST

Ownership/Deed of Trust

Easement

Leasehold

Yrs. remaining

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499

☒ \$500 - \$1,000

\$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1217 Worcester Ct

CITY

Walnut Creek CA 94596

FAIR MARKET VALUE

\$2,000 - \$10,000

\$10,001 - \$100,000

\$100,001 - \$1,000,000

☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 25

ACQUIRED

/ / 25

DISPOSED

NATURE OF INTEREST

Ownership/Deed of Trust

Easement

Leasehold

Yrs. remaining

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499

\$500 - \$1,000

☒ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

Lindsey Ray

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

%

☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

☐ OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

%

☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

☐ OVER \$100,000

Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Loei Hack

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Obiect Health LLC

ADDRESS (Business Address Acceptable)

1280-L Newell Ave # 209

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Palmer Consulting

YOUR BUSINESS POSITION

Owner

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☒ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____