

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Gillespie (FIRST) Darrie (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Mark Twain Health Care District  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position CEO

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of Calaveras  
 City of San Andreas  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2025, through December 31, 2025.  
 Leaving Office: Date Left \_\_\_\_\_ (Check one circle below.)  
-or- The period covered is \_\_\_\_\_, through December 31, 2025.  The period covered is January 1, 2025, through the date of leaving office.  
 Assuming Office: Date assumed 9, 16, 2025  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: 1

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

-or-  None - No reportable interests on any schedule

5. Verification

768 Mountain Ranch Rd San Andreas, Ca 95249  
MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (209) 754-2644 EMAIL ADDRESS dgillespie@mtncd.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 4/6/2026 Signature Darrie Gillespie  
(month, day, year) (File the originally signed paper statement with your filing official.)