STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Vermeltfoort	Johanna	Clasina		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms	s)			
Mark Twain Healthcare Distr	rict			
Division, Board, Department, District, if applicable		Your Position		
Board		Board Member		
	elow or on an attachment. (Do not use	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Chec	ck at least one box)			
State		Judge, Retired Judge, Pro Tem Jud	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner	
- State		(Statewide Jurisdiction)		
Multi-County		County of Calaveras		
City of		Other		
3. Type of Statement (Check a	t least one box)			
Annual: The period covered is December 31, 2023.	January 1, 2023, through	Leaving Office: Date Left(Check one	circle.)	
-or- The period covered is December 31, 2023.	, through	The period covered is January of leaving office.-or-		
Assuming Office: Date assum	ned/	The period covered is the date of leaving office.	, through	
Candidate: Date of Election and office sought, if different than Part 1:				
4. Schedule Summary (requ	ired) ► Total number	r of pages including this cover pag	re: 1	
Schedules attached				
		Schedule C - Income, Loans, & Business	Positions – schedule attached	
	Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached			
Schedule B - Real Property	O'' Tour Downsonto achadula attachad			
Schedule B - Real Property	- Scriedule ditabiled			
-or- None - No reportable	interests on any schedule			
5. Verification			SECURITIES OF THE SECURITIES O	
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	
(Business or Agency Address Recommended 768 Mountain Ranch Rd		Andreas CA	95249	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(209) 609-2643		jvermeltfoort@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 3 - 1/ - 2024 Signature John Manual Conference of the Signature Signature of the Originally signed paper statement with your filing official.)				
(month, d	ay, year)	(File the originally signed paper state	mont man your many omoton,	