

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rowdolph, Richard L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

MARK TWAIN HEALTH CARE DISTRICT

Division, Board, Department, District, if applicable

Your Position

BOARD OF DIRECTORS

BOARD MEMBER

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other MARK TWAIN HEALTH CARE DISTRICT

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

Annual: The period covered is January 1, 2023, through December 31, 2023.

-or-

The period covered is _____, through December 31, 2023.

Assuming Office: Date assumed _____

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

The period covered is January 1, 2023, 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 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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

2021 OAK CREEK DR. Coppopolis CA 95228

DAYTIME TELEPHONE NUMBER

(714) 317-9339

EMAIL ADDRESS

RLMR2@AOL.COM

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.

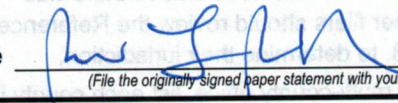
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/24

(month, day, year)

Signature



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