

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name \_\_\_\_\_

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 United Homecare of Northern CA LLC  
 ADDRESS (Business Address Acceptable)  
 245 New York Ranch Rd Ste C Jackson 95642  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Home Health Agency  
 YOUR BUSINESS POSITION  
 Occupational Therapist

GROSS INCOME RECEIVED      No Income - Business Position Only  
 \$500 - \$1,000                      \$1,001 - \$10,000  
 \$10,001 - \$100,000              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  
 Occupational Therapy Service in home  
(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      No Income - Business Position Only  
 \$500 - \$1,000                      \$1,001 - \$10,000  
 \$10,001 - \$100,000              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*	INTEREST RATE	TERM (Months/Years)
_____	_____ %      None	_____
ADDRESS (Business Address Acceptable)	_____	
_____	_____	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	None      Personal residence	
_____	Real Property _____	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address _____	
\$500 - \$1,000	City _____	
\$1,001 - \$10,000	Guarantor _____	
\$10,001 - \$100,000	Other _____	
OVER \$100,000	<small>(Describe)</small>	

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Reed (FIRST) Linda (MIDDLE) May

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Mark Twain Regional Chamber of Commerce District Board Your Position Board President  
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 CA

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 \_\_\_\_\_ 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

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 CITY STATE ZIP CODE  
765 Mountain Ranch Rd San Andreas CA 95249  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(209) 754-4468 linnyr@caltel.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 4/1/26  
(month, day, year)

Signature Linda M Reed  
(file the original signed paper statement with your filer's office)