

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



A PUBLIC DOCUMENT

AUG 0 9 2024

Please type or print in ink.	Imporial
NAME OF FILER (LAST)  FICKEN  (FIRST)  A119N	Ruce County
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Division, Board, Department, District, if applicable	Your Position
▶ 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	<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
Multi-County	County of Impelial
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, through December 31, 2023.	The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election 11/5/24 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- X None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	rde CA 92266
(619) 9228162	endle CA 92266  EMAIL ADDRESS  allant F 2004 D tahoo.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 8/7 2 (month day year)	Signature (File the originally signed paper statement with your filing official.)
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