

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Uecker	Dean		D	
I. Office, Agency, or Court				
Agency Name (Do not use acrony				
City of Ripon	, ,			
Division, Board, Department, Distri	ct, if applicable	Y	our Position	
			City Council Mombor	
. If filing for multiple positions, lie	at below or on an attachment. (De		City Council Member	
► If filing for multiple positions, lis	st below of on an attachment. (Do	not use acronyi	ns)	
Agency:			Position:	
2. Jurisdiction of Office (C)	heck at least one box)			
State			<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>	
Multi-County			County of	
			Other	
3. Type of Statement (Check				
Annual: The period covered December 31, 2023			Leaving Office: Date Left (Check of	/one circle.)
-or- The period covered December 31, 2023	is, th	rough	<ul><li>The period covered is Jan of leaving office.</li><li>-or-</li></ul>	uary 1, 2023, through the date
Assuming Office: Date assu	umed/		The period covered is the date of leaving office.	/
Candidate: Date of Election	and office	sought, if differe	nt than Part 1:	
1 Cahadula Cummany (rad	uirod\ . T-/-/		and the death of the second	
<ol> <li>Schedule Summary (req Schedules attached</li> </ol>	uireu) 🕨 iotai ni	ımber ot pag	es including this cover p	page:1
Scriedules attached				
Schedule A-1 - Investmen				ess Positions – schedule attached
Schedule A-2 - Investmen		ш	ule D - Income – Gifts – schedu ule E - Income – Gifts – Travel	
Schedule B - Real Proper	ty – schedule attached	Scried	ule E • Income – Gills – Haver	rayments – schedule attached
-or- <b>⋉ None</b> - No reportable	la intaracte an any cahadula			
5. Verification	ie interests on any scriedule			
MAILING ADDRESS STREE	<del>-</del> T	CITY	STATE	ZIP CODE
(Business or Agency Address Recommende	ed - Public Document)			
1444 W Main St Ste A		Ripon	CA	95366-3030
DAYTIME TELEPHONE NUMBER		EMAIL A		
( 209 ) 599-6339	so in proparing this statement. I ha		r105@yahoo.com	Inquilades the information contained
herein and in any attached schedu	ules is true and complete. I acknowledge	wledge this is a	public document.	knowledge the information contained
I certify under penalty of perjury	y under the laws of the State of	California that t	he foregoing is true and corre	ect.
D-4- 01 1 04/00/00	24 11:26 114	<b>0</b> :	Door	D. Hocker
	24 11:36 AM	Signature		D Uecker statement with your filing official.)