

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
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Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Fogle	Dennis		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Idyllwild Fire Protection District			
Division, Board, Department, District, if applical	ble	Your Position	 :
Board of Commissioners		Vice President	
▶ 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 Jud (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County		County of	
City of		Other Special District	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1 December 31, 2023.	,	Leaving Office: Date Left(Check one	
The period covered is/ December 31, 2023.	, through	The period covered is January of leaving office.	1, 2023, through the date
Assuming Office: Date assumed	<u> </u>	The period covered is/_ the date of leaving office.	, through
Candidate: Date of Election and office sought, if different than Part 1:			
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	nts – schedule attached Schedule D - Income – Gifts – schedule attached		
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached			
-Or- No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
P.O. Box 656	Idyllw	ild CA	92549
DAYTIME TELEPHONE NUMBER	layiiw	EMAIL ADDRESS	32343
(951) 659-2153		dennisf@idyllwildfire.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 Signature			