

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

Date of election if applicable:  
(Month, Day, Year)  
Nov. 8, 2016

**Amendment** (Explain Below)

DECEMBER  
Date Stamp  
SEP 26 2016  
CITY OF RIPON

**CALIFORNIA  
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 16.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

LEO ZUBER

STREET ADDRESS

616 SPIREA COURT

CITY

Ripon

STATE

CA.

ZIP CODE

95366

AREA CODE/DAYTIME PHONE NUMBER

209-599-7876

OPTIONAL: FAX / E-MAIL ADDRESS

leo.zuber@yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Ripon, CA.

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

ZUBER to City Council 2016  
Committee to Elect Leo  
1389875

16348 Spring Creek Drive  
Ripon, CA. 95366

PATRICIA KRUEGER

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_

9/23/16  
DATE

By \_\_\_\_\_

Leo Zuber  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form