

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 01/29/2024 03:10 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Zuber Leo M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Ripon

Division, Board, Department, District, if applicable Your Position
City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Ripon
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2023, through December 31, 2023.
-or- The period covered is ____/____/____, through December 31, 2023.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
 - The period covered is January 1, 2023, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
259 N Wilma Ave Ripon CA 95366-3028
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(209) 599-7876 leo.zuber@yahoo.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 01/29/2024 03:10 PM
(month, day, year)

Signature Leo M Zuber
(File the originally signed paper statement with your filing official.)

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COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Leo Zuber

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Tri-Valley-San Joaquin Valley Regional Rail Authority		Board of Directors	Multi-county Alameda, San Joaquin, and Contra Costa	Annual	01/01/23 - 12/31/23