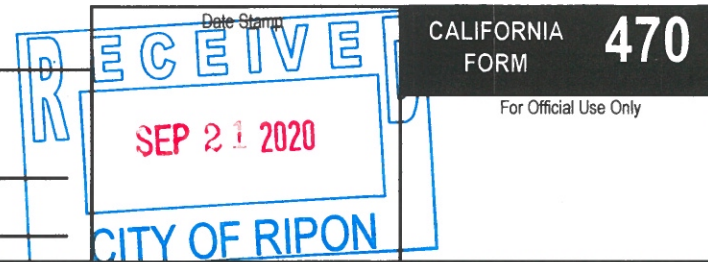


**Officeholder and Candidate  
Campaign Statement –  
Short Form**



Date of election if applicable:  
(Month, Day, Year)  
November 3, 2020

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

1. Statement Covers Calendar Year 20 20 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Leo M. Zuber

STREET ADDRESS  
616 Spirea Ct.

CITY STATE ZIP CODE  
Ripon CA 95366

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(209) 614-5807 leo.zuber@yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
City of Ripon

**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

**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 September 21, 2020  
DATE

By Leo M. Zuber  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE