

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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ACCOUNTABILITY BOARD
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Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee: **Friends of Gregg Huber**
Street Address: **707 W Pioneer Rd.**
City, State and Zip Code: **Mequon, WI 53097**

GAB ID Number: **105 113**

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

REPORT PERIOD

January Continuing _____ Pre-Primary _____ Spring Fall Special Termination Report also complete Schedule 4
 July Continuing **2011** Pre-Election _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 750	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 750	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 750	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 750	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 750
Subtotal	\$ 750
Total Disbursements	\$ 750
CASH BALANCE END OF REPORT	\$ 0
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer Gregg R. Huber	Date: July 1, 2011
		Daytime Phone:

NOTE: The information on this report is subject to the penalties of Wisconsin Statutes ss.11.60, 11.61, Wis. Stats. GAB-2S (Rev. 12/09)



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This report may subject you to the penalties of Wisconsin Statutes ss.11.60, 11.61, Wis. Stats. GAB-2S (Rev. 12/09)

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Friends of Gladys Huber

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Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
06/11/11	Republican Party of WI	0300173	\$ 750	\$ 750
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$ 750	750
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$ 750	750

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Friends of Clayds Huber

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Republican Party of WI 148 E Johnson St Madison, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind Offset	printing + postage	
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ <u>750</u>
TOTAL ITEMIZED EXPENDITURES	\$ <u>750</u>
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ <u>—</u>
TOTAL EXPENDITURES	\$ <u>750</u>