

CAMPAIGN REGISTRATION STATEMENT
STATE OF WISCONSIN
GAB-1

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS,
THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.

NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

GAB ID: 0102532

Name of the Candidate:	Party Affiliation:	Office Sought (Include Branch Number):	
Huebsch, Mike	Republican	State Assembly, State Assembly, District No. 94	
Residence Address (Number and Street):		Candidate Telephone Number (Residence):	
419 West Franklin Street		(608) 786-3512	
City, State and Zip:	Election Date:	Candidate Email:	
West Salem, WI 54669	11/02/2010	MDHuebsch@aol.com	
Committee Name:	Acronym:	Committee Type:	Committee Sub-Type:
Friends of Mike Huebsch	HUEBSCH	State Candidate	Personal Campaign Committee
Committee Address (Number and Street):	419 West Franklin Street, West Salem, WI 54669	Committee Email:	MDHuebsch@aol.com
Phone:	(608) 786-3512		

COMMITTEE TREASURER INFORMATION

Treasurer Name:	Hayden, Paul	Phone:	(608) 786-3101
Address (Number and Street):	650 Commerce Drive		
City, State and Zip:	West Salem, WI 54669		
Email:			

DEPOSITORY INFORMATION

Name of Financial Institution:	Park Bank	Account Number:	*****
Address (Number and Street):	33 East Main Street, P.O. Box 8969		
City, State and Zip:	Madison, WI 53713		

+ + + EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.05(2r), Stats. + + +

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.

☐ This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

☒ This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer

Date

CERTIFICATE

TREASURER

I, Hayden, Paul

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

CANDIDATE

I, Huebsch, Mike

certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature _____ Candidate _____

Date _____

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS.

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