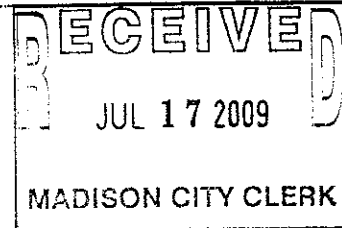


**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

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 Tim Gruber*

Street Address

*40 Jean Mac Cubbin 3530 Heather Crest*

City, State and Zip Code

*Madison WI 53705*

WSEB ID Number:

OFFICE USE ONLY

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

**NAME OF REPORT**

- January Continuing     Pre-Primary     Spring     Fall     Special  
 July Continuing *2009*     Pre-Election     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 19.32	\$ 19.32	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 19.32	\$ 19.32	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 865	* See attached	\$
Total Receipts	\$ 0		\$
Subtotal	\$ 0		\$
Total Disbursements	\$ 19.32		\$
<b>CASH BALANCE END OF REPORT</b>	\$ 0		\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0	\$	
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 700 <sup>00</sup>	\$	

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 <i>Jean MacCubbin</i>	Signature of Candidate or Treasurer <i>Jean M. MacCubbin</i>	Date: <i>7/17/09</i>
		Daytime Phone: <i>266-0755-W</i>

The information on this form is required by ss 11 06, 11 20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss 11 60, 11 61, Wis. Stats.

This form is prescribed by the State Elections Board P O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name

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	Office Use
4/13/09	Friends of Hoyt Park, Inc PO Box 5542 Madison WI 53705	Contribution to non-profit, close acct.	\$ 19.32	
/ /				
/ /				
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 19.32	
TOTAL ITEMIZED EXPENDITURES			\$ 19.32	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 19.32	

**SCHEDULE 3-E****ADDITIONAL DISCLOSURE**  
Contributions Returned to ContributorPage 11 of     

Complete Committee Name

*Friends of Tim Gruber.*

Instructions for completing schedules are on the back of each schedule

Date of Original Contribution	Name and Address of Contributor	Amount Returned
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$

**SCHEDULE 3-F****ADDITIONAL DISCLOSURE**  
Contributions Donated to Charity or Common School Fund

Instructions for completing schedules are on the back of each schedule

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
<i>4/13/09</i>	<i>Friends of Hoyt Park, Inc PO Box 5542 Madison WI 53705</i>	<i>Contribution to non-profit, close out campaign account, terminating committee</i>	<i>19.32</i>
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$ <i>19.32</i>
TOTAL DONATED CONTRIBUTIONS			\$ <i>19.32</i>

**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name  
*Friends of Tim Gruber*

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

**DISPOSAL OF RESIDUAL FUNDS**  
 THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
4/13/09	Friends of High Park Inc PO Box 5542 Madison WI 53705	\$19.32

**LOAN OR DEBT FORGIVENESS**  
 I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount
7/13/09	Tim Gruber 4349 Bagley Park Way Madison WI 53705	\$700

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

*Jessie MacCobb*  
 \_\_\_\_\_  
 Signature of Candidate or Treasurer

7-17-09  
 \_\_\_\_\_  
 Date

There is a discrepancy of \$10.67, noting that the bank has accounted for MORE money than the reports previously submitted. In reconciling, we were unable to find error in expenditures.

There has been no activity on this account for over a year and it has been closed; remaining funds given, as per requirements, to a designated charitable group. See bank statement attached.

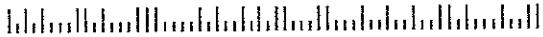


AMCORE Bank N.A.  
 501 Seventh Street  
 Post Office Box 1537  
 Rockford Illinois 61110 0037

\*\*\*\*\*AUTO\*\*3-DIGIT 537

DATE 7/31/08  
 CUSTOMER NUMBER

PAGE 1



TIMOTHY J GRUBER  
 DBA FRIENDS OF TIM GRUBER  
 4349 BAGLEY PKWY  
 MADISON WI 53705-5008

CHECKING ACCOUNTS

ACCOUNT TITLE: TIMOTHY J GRUBER  
 DBA FRIENDS OF TIM GRUBER

Effective 7/1/08 the following fees will go into effect.  
 Coin and currency purchased over the teller line will change from \$0.06 to \$0.07 per unit. Your account will continue to receive up to \$5,000 per month in free coin and currency deposited. The fee for coin and currency deposited will change from \$0.06 to \$0.07 per unit. Additionally, the fee for some Treasury Management Services, including AMCORE Online For Business, have increased.

Please visit the Business Services section of our website at [www.amcore.com](http://www.amcore.com) and select "Treasury Management Services Notice" for a complete list of these changes. If you have any questions, please call our customer service department at 888-426-2673.

FREE BUSINESS CHECKING		STATEMENT DATES	7/01/08 THRU	7/31/08
ACCOUNT NUMBER	[REDACTED]	DAYS IN STATEMENT PERIOD		31
BEGINNING BANK BALANCE	19.32	AVG CHECKING BALANCE		19.32
DEPOSITS	.00	AVG COLLECTED BALANCE		19.32
WITHDRAWALS	.00			
SERVICE CHARGE	.00			
INTEREST PAID	.00			
ENDING BANK BALANCE	19.32			

DAILY BALANCE SUMMARY

DATE	BANK BALANCE	ENDING AVAILABLE BALANCE
7/01	19.32	19.32

THANK YOU FOR YOUR BUSINESS TODAY.  
 PLEASE LET US KNOW HOW WE CAN HELP YOU TOMORROW, 1-888-4-AMCORE.