

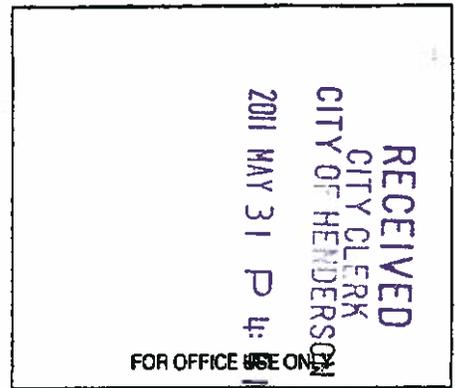
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Ronald R. Hubel Henderson City Council Ward 4
Office (if applicable)
Mailing Address (include city and zip code) 1716 Hidden Sands Ct Henderson, NV 89074
District (if applicable) 4
Telephone No. 702-434-2005

Select Appropriate Box(es)
[X] CANDIDATE
[] PAC
[] POL PRY
[] IND EXP
[] NONPROFIT CORP
[] AMENDED
[] LEGAL DEFENSE FUND

- [] Annual Filing - Due January 15, 2011
[] Report #1 - Due March 29, 2011*
[X] Report #2 Due - May 31, 2011*
[] Report #3 Due - July 15, 2011*
[] Annual Filing - Due January 15, 2012



* These Reports are filed by incumbents/candidates running for office in the 2011 election cycle
** These Reports are filed by incumbents not running for office this cycle who: (1) raised contributions in excess of \$100; or (2) have money left over from a previous campaign

CONTRIBUTIONS SUMMARY

Table with 2 columns: Description, This Period, Cumulative From Beginning of Report Period #1 through End of This Reporting Period. Rows include Total Monetary Contributions Received in Excess of \$100, loans guaranteed by a third party, and loans that were forgiven.

Table with 2 columns: Description, This Period, Cumulative From Beginning of Report Period #1 Through End of This Reporting Period. Rows include Total Amount of Monetary Contributions Received, Written Commitments for Contributions, and Total Value of In Kind Contributions Received in Excess of \$100.

EXPENSES SUMMARY

Table with 2 columns: Description, This Period, Cumulative From Beginning of Report Period #1 Through End of This Reporting Period. Rows include Total Monetary Expenses Paid in Excess of \$100, Total Amount of All Monetary Expenses Paid, and Total Value of In Kind Expenses in Excess of \$100.

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature: Ronald R. Hubel
Date: 5-31-2011

CAMPAIGN EXPENSES

Report Period # 2

Ronald R. Hubel City Council Ward 4
Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 6 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY <small>(See Previous Page) NRS 294A.365</small>	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
<u>Ponciano Rodriguez</u>	<u>D</u>	<u>4-25-11</u>	<u>\$ 290.00</u>
<u>Ronald R. Hubel 1716 Hidden Sands Ct Henderson, NV 89074</u>	<u>D</u>	<u>4-20-11</u>	<u>\$ 1,495.85</u>

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