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# REPORT NUMBER 3 - DUE AUGUST 15, 1997

AUG 15 3 32 PM '97

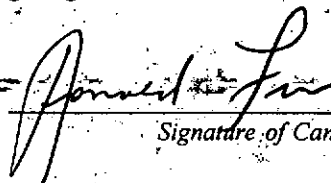
CONTRIBUTIONS AND EXPENSES SUMMARY	This Period	Total since the beginning of Report Period No. 1
TOTAL AMOUNT OF CONTRIBUTIONS IN EXCESS OF \$500	0	0
TOTAL AMOUNT OF CONTRIBUTIONS LESS THAN OR EQUAL TO \$500	0	17
The actual number of contributions received that were less than or equal to \$500: _____		
INTEREST ACCRUED (if any)	0	0
TOTAL AMOUNT OF ALL CONTRIBUTIONS (including those under \$500)	0	\$1450.00
TOTAL AMOUNT OF ALL EXPENSES	0	\$5732.38

If no contributions or expenditures are listed during "this period," only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

8/15/97  
Date



Signature of Candidate

Approved by Secretary of State  
NRS 294A.360  
city&e.pri(rev. 2/97)

Total number of pages for this report \_\_\_\_\_

## REPORT OF CAMPAIGN EXPENSES (SUMMARY)

REPORT PERIOD NO. 3

RONALD FRAME  
Candidate's Name (print)

CITY COUNCIL  
Office

WARD III  
District (if applicable)

CATEGORIES OF EXPENSES	CODE	AMOUNT OF EXPENSES THIS PERIOD	TOTAL AMOUNT OF EXPENSES SINCE THE BEGINNING OF REPORT PERIOD NO. 1
Office expenses	A	0	\$250.92
Expenses related to volunteers	B	0	0
Travel	C	0	\$25.00
Television	D	0	0
Newspaper advertising	E	0	\$378.00
Radio	F	0	0
Billboards	G	0	0
Printed signs, poster, fliers, novelty items, T-shirts, buttons, brochures	H	0	\$4290.72
Direct mail	I	0	\$371.50
Paid staff	J	0	0
Consultants	K	0	0
Polling	L	0	0
Special events	M	0	0
Estimated value of goods and services provided "in kind" for which money would have been paid	N	0	0
On-line services	O	0	\$100.00
Other miscellaneous expenses	P	0	\$116.24
<b>TOTAL AMOUNT OF EXPENSES</b>		0	\$5732.38

REPORT OF CAMPAIGN EXPENSES

REPORT PERIOD NO. 3

RONALD KRAME  
Candidate's Name (print)

CITY COUNCIL  
Office

WARD 111  
District (if applicable)

**Expenses in Excess of \$500**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSES	CATEGORY OF EXPENSES (LIST CODE)	DATE(S) OF EACH PAYMENT	AMOUNT(S) OF EACH PAYMENT

*You may photo copy this page if additional space is needed.*

**REPORT OF CAMPAIGN CONTRIBUTIONS**

**REPORT PERIOD NO. 3**

Candidate's Name (print)

Office

District (if applicable)

**Contributions in excess of \$500 or, when added together, in excess of \$500**

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)
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