

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
1999 PRIMARY AND GENERAL CITY ELECTIONS**

State of Nevada

FREDERICK E PRATT CITY COUNCIL WARD I
CANDIDATE'S NAME (print) OFFICE DISTRICT (if applicable)

602 GREENWAY RD HENDERSON NV 89015 (702) 566 6430
MAILING ADDRESS (include city and zip code) TELEPHONE NUMBER

REPORT NUMBER 1 - DUE APRIL 27, 1999

Report Period Begins: July 7, 1995 (4 year term)

Report Period Ends: April 21, 1999

RECEIVED
CITY CLERK'S OFFICE
CITY OF HENDERSON
APR 22 1 59 PM '99

Cash on hand from previous campaign should equal the balance shown on your last disposition of unspent contributions report (if any): (complete for Report Number 1 only)

CONTRIBUTIONS AND EXPENSES SUMMARY	This Period Report Number 1	Total Contributions and Expenses from Report Number 1A
TOTAL AMOUNT OF CONTRIBUTIONS IN EXCESS OF \$100	0	
TOTAL AMOUNT OF CONTRIBUTIONS LESS THAN OR EQUAL TO \$100	0	
The actual number of contributions received that were less than or equal to \$100: _____		
INTEREST ACCRUED (if any)	0	
TOTAL AMOUNT OF ALL CONTRIBUTIONS (including those under \$100)	0	0
EXPENSE FOR FILING FEE	25 ⁰⁰	
TOTAL AMOUNT OF ALL OTHER EXPENSES	396 ³²	0

(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 4-22-99
Date

[Signature]
Signature of Candidate

Prescribed by Secretary of State
NRS 294A.120, 294A.200
PGEL201.001(rev.01/99)

FREDERICK E PRAET
Candidate's Name (print)

CITY COUNCIL
Office

District (if applicable)

CATEGORIES OF EXPENSES	CODE	AMOUNT OF EXPENSES THIS PERIOD
Office expenses	A	0
Expenses related to volunteers	B	0
Travel	C	0
Television	D	0
Newspaper advertising	E	0
Radio	F	0
Billboards	G	278.74 0 0
Printed signs, poster, fliers, novelty items, T-shirts, buttons, brochures	H	371 32
Direct mail	I	0
Paid staff	J	0
Consultants	K	0
Polling	L	0
Special events	M	0
Usual and normal estimated value of goods and services provided "in kind".	N	0
On-line services	O	0
Other miscellaneous expenses (Including contributions to candidates)	P	25 ⁰⁰
TOTAL AMOUNT OF EXPENSES		396 32

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
1999 PRIMARY AND GENERAL CITY ELECTIONS**

State of Nevada

FREDERICK E PRATT CITY COUNCIL WARD I
 CANDIDATE'S NAME (print) OFFICE DISTRICT (if applicable)

602 GREENWAY RD HENDERSON NV 89015 (702) 566 6430
 MAILING ADDRESS (include city and zip code) TELEPHONE NUMBER

REPORT NUMBER 1A - DUE APRIL 27, 1999

Report Period **Begins:** July 7, 1995 (4 year term)

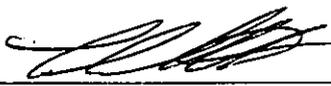
Report Period **Ends:** September 30, 1997

THIS REPORT ONLY NEEDS TO BE FILED IF A CANDIDATE RECEIVED CAMPAIGN CONTRIBUTIONS PRIOR TO OCTOBER 1, 1997. CONTRIBUTIONS RECEIVED AFTER SEPTEMBER 30, 1997, WILL BE REPORTED ON REPORT NUMBERS 1, 2 AND 3.

CONTRIBUTIONS AND EXPENSES SUMMARY	This Period
TOTAL AMOUNT OF CONTRIBUTIONS IN EXCESS OF \$500	0
TOTAL AMOUNT OF CONTRIBUTIONS LESS THAN OR EQUAL TO \$500	0
The actual number of contributions received that were less than or equal to \$500: <u>0</u>	
TOTAL AMOUNT OF ALL CONTRIBUTIONS (including those under \$500)	0
TOTAL AMOUNT OF ALL EXPENSES	0

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

Executed on 4-22-99
Date


Signature of Candidate

FREDERICK E PRATT
Candidate's Name (print)

CITY COUNCIL
Office

District (if applicable)

CATEGORIES OF EXPENSES	CODE	AMOUNT OF EXPENSES THIS PERIOD
Office expenses	A	0
Expenses related to volunteers	B	0
Travel	C	0
Television	D	0
Newspaper advertising	E	0
Radio	F	0
Billboards	G	0
Printed signs, poster, fliers, novelty items, T-shirts, buttons, brochures	H	0
Direct mail	I	0
Paid staff	J	0
Consultants	K	0
Polling	L	0
Special events	M	0
Usual and normal estimated value of goods and services provided "in kind"	N	0
On-line services	O	0
Other miscellaneous expenses (Includes contributions to candidates)	P	0
TOTAL AMOUNT OF EXPENSES		0

FREDERICK E PRATT
Candidate's Name (print)

CITY COUNCIL
Office

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
			
			

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