





**WRITTEN COMMITMENTS**

**Report Period # 2**

DONALD L. GRIFFIE

HENDERSON CITY COUNCIL

WARD 1

Name (print)

Office (if applicable)

District (if applicable)

**Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100  
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary**

<b>NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT</b>	<b>DATE OF EACH COMMITMENT</b>	<b>AMOUNT OF EACH COMMITMENT</b>
None		

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DONALD L. GRIFFIE  
Name (print)

HENDERSON CITY COUNCIL  
Office (if applicable)

WARD 1  
District (if applicable)

**Expense Categories**

<b>CATEGORIES</b>	<b>CODE</b>
Office expenses	<b>A</b>
Expenses related to volunteers	<b>B</b>
Expenses related to travel	<b>C</b>
Expenses related to advertising	<b>D</b>
Expenses related to paid staff	<b>E</b>
Expenses related to consultants	<b>F</b>
Expenses related to polling	<b>G</b>
Expenses related to special events	<b>H</b>
** Goods and services provided in kind for which money would otherwise have been paid	<b>I</b>
Other miscellaneous expenses	<b>J</b>

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

**CAMPAIGN EXPENSES**

Report Period # 2

DONALD L. GRIFFIE

HENDERSON CITY COUNCIL

WARD 1

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100****Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary**

<b>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)</b>	<b>CATEGORY</b> (See Previous Page) NRS 294A.365	<b>DATE OF EACH EXPENSE</b>	<b>AMOUNT OF EACH EXPENSE</b>
Victory Store 5200 SW 30th St Davenport, Ia 52802	D	02/16/07	\$2,383.10
Limelight Photography 1360 Tranquil Skies Ave. Henderson, Nv. 89012	D	02/16/07	\$134.69
Greenspun Media Group 2290 Corporate Circle Dr. Henderson, Nv. 89074	D	03/06/07	\$125.00
Mobile Vegas Media 273 Pointe Ranier Ave. Henderson, Nv. 89012	D	03/17/07	\$200.00
Godaddy.com Internet Service/Web Site	D	03/20/07	\$217.03
XM Voice 1143 W. Hamilton St. Baltimore, Maryland 21201	D	04/03/07	\$1200.00
XM Voice 1143 W. Hamilton St. Baltimore, Maryland 21201	D	04/03/07	\$49.00
Chevron	C	04/20/07	\$178.06
Shell	C	04/27/07	\$261.44
Southwest Credit Card	J	04/20/07	\$314.00

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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

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**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

**Examples of in kind contributions:** (1) *A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution;* (2) *A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

**Example of in kind expenses:** (1) *A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*





**IN KIND CAMPAIGN EXPENSES**

Report Period # 2

DONALD L. GRIFFIE  
Name (print)

HENDERSON CITY COUNCIL  
Office (if applicable)

WARD 1  
District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
None			

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Prescribed by Secretary of State  
NRS 294A.120, 294A.125,  
294A.140, 294A.150, 294A.160  
294A.200, 294A.210, 294A.220, 294A.362