CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print): HARRY L YORK

Office (if applicable): CPE/ISUPAC

District (if applicable):

Mailing Address (include city and zip code): PO BOX 3499 Reno NV 89505

Telephone No.: 775-337-3046

E-Mail Address: hyork@reno-sparkschamber.org

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
Period: January 1, 2003 – December 31, 2003

☐ **Report #1 — Due August 31, 2004**

Incumbents in an Office with a 4-year term	Period:	Jan. 5, 2001 — Aug 26, 2004
Incumbents in an Office with a 6-year term	Period:	Dec. 20, 1998 — Aug 26, 2004
All others	Period:	Jan. 1, 2004 – Aug. 26, 2004
Ballot Advocacy Groups (BAGs) only:	Period:	Dec. 5, 2002 – Aug 26, 2004

☒ **Report #2 Due — October 26, 2004**
Period: Aug. 27, 2004 — Oct. 21, 2004

☐ **Report #3 Due — January 15, 2005***
Period: Oct. 22, 2004 — Dec. 31, 2004
BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing – Due January 15, 2005**
Period: January 1, 2004 – December 31, 2004

*** Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2**

FOR OFFICE USE ONLY

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. *Total Monetary Contributions Received in Excess of $100*	1936.61	14,483.72
2. *Total Monetary Contributions Received of $100 or Less*	2651.91	5,803.79
3. **Total Amount of Monetary Contributions Received** (Add Lines 1 and 2)	4,594.52	20,287.51
4. Total Value of In Kind Contributions Received in Excess of $100	0	0

EXPENSES SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
5. Total Monetary Expenses Paid in Excess of $100	13,681.95	23,454.15
6. Total Monetary Expenses Paid of $100 or Less	73.27	100.27
7. **Total Amount of All Monetary Expenses Paid** (Add Lines 5 and 6)	13,755.22	23,554.42
8. Total Value of In Kind Expenses in Excess of $100	0	0

AFFIRMATION

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

Signature: [signature]

Date: 10/25/04

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CAMPAIGN CONTRIBUTIONS **Report Period** # 2

Harry L. York — Name (print)
CPE/ISUPAC — Office (if applicable)
District (if applicable)

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
St. Mary's Health Plans 1510 Meadow Wood Ln. Reno, NV 89502	08/30/04	$105	
John Ascuaga's Nugget 1100 Nugget Ave. Sparks, NV 89431	09/08/04 10/08/04	$69.31 $69.30	
KRNV-TV Channel 4 1790 Vassar St. Reno, NV 89502	09/24/04	$105	
Q+D Construction 1050 S. 21st St. Sparks, NV 89431	09/24/04	$1000	
CANTEX Inc. PO Box 33970 Reno, NV 89533	10/07/04	$105	
Smith's Food + Drug Center #344 175 Lemmon Dr. Reno, NV 89506	10/15/04	$120.50	
Tamarack Junction 13101 S. Virginia St. Reno NV 89511	10/21/04	$109	
US Bank NA 1E. Liberty St. Reno NV 89501	10/21/04	$253.50	

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CAMPAIGN EXPENSES **Report Period** # 2

Harry L. York — Name (print)
CPE/ISUPAC — Office (if applicable)
District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

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

CAMPAIGN EXPENSES **Report Period** #2

Harry L. York — CPE/ISUPAC

Name (print) — Office (if applicable) — District (if applicable)

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Committee to Elect (CTE) Jason Geddes 750 Putnam Dr. Reno, NV 89503	J	08/27/04	$200
CTE Ann O'Connell 7225 Montecito Circle Las Vegas, NV 89120	J	08/30/04	$1000
CTE Dave Aiazzi 623 James Ln. Reno, NV 89503	J	08/30/04	$500
CTE Dan Carne 3770 Sleepy Hollow Dr. Reno, NV 89502	J	08/30/04	$250
CTE Randi Thompson 2065 Parkway Dr. Reno, NV 89520	J	08/30/04 09/15/04 10/11/04	$250 $500 $500
CTE Lynn Atcheson 4790 Caughlin Pkwy. Box 422 Reno, NV 89509	J	08/30/04 10/11/04	$500 $500
CTE John Marvel PO Box 1270 Battle Mountain, NV 89820	J	08/30/04	$250
Secretary of State 102 N. Carson St. Ste. 3 Carson City, NV 89701	A	09/01/04	$25
CTE Robyn Levy 8175 S. Virginia St. #850 Reno, NV 89511	J	09/02/04	$200
CTE Heidi Gansert 316 California Ave #302 Reno, NV 89509	J	9/15/04	$500
CTE Ron Knecht 1009 Spencer St. Carson City, NV 89703	J	9/15/04	$750
CTE Chad Christensen 9101 W. Sahara Ave. Ste. 105 Las Vegas, NV 89117	J	9/15/04 10/11/04	$750 $500
CTE Valerie Weber 10001 Harpoon Cir. Las Vegas, NV 89117	J	9/15/04	$750

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CAMPAIGN EXPENSES **Report Period** # 2

HARRY L. YORK — CPE/ISUPAC

Name (print) — Office (if applicable) — District (if applicable)

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
CTE Anthony Bandiero 4600 E. Sunset Rd. #330 Henderson, NV 89014	J	09/15/04	$500
CTE Kris Munn 5478 Apron Ct. Las Vegas, NV 89122	J	09/15/04 10/11/04	$500 $250
CTE Debbie Smith 3270 Wilma Dr. Sparks, NV 89431	J	09/15/04	$250
CTE John Lee 1340 Borderwood Ln. North Las Vegas, NV 89031	J	09/15/04	$500
CTE Jim Hardesty 5300 Valley Vista Dr. Sparks, NV 89431	J	09/22/04	$500
CTE John Mason 9650 Gateway Dr. Ste. 201 Reno, NV 89521	J	09/22/04	$500
Michael Pennington PO Box 3499 Reno, NV 89505	A C	09/28/04 09/28/04	$102.22 $29.73
Reno-Sparks Chamber of Commerce PO Box 3499 Reno, NV 89505	A	09/30/04	$48.27
CTE Barbara Price 1775 Fairfield Ave. Reno, NV 89509	J	10/11/04	$250
CTE Doug Hill 440 Ridge St. Ste. 2 Reno, NV 89501	J	10/11/04	$150
CTE David Parks 1700 Gabriel Dr. Las Vegas, NV 89119	J	10/11/04	$250
CTE Chris Giunchigliani 706 Bracken Ave. Las Vegas, NV 89104	J	10/11/04	$250
CTE Bob Adney 5201 S. Torrey Pine Dr. #1262 Las Vegas, NV 89118	J	10/11/04	$250

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CAMPAIGN EXPENSES **Report Period** # 2

HARRY L. YORK — Name (print)
CPE/ISUPAC — Office (if applicable)
District (if applicable)

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
CTE Sheila Leslie 825 Humboldt St. Reno, NV 89509	J	10/11/04	$250
CTE Steven Horsford 1306 W. Craig Rd. Ste. E-310 North Las Vegas, NV 89032	J	10/11/04	$250
CTE Bill Raggio PO Box 281 Reno, NV 89504	J	10/11/04	$250
CTE Bob Beers 9428 Grenville Ave. Las Vegas, NV 89134	J	10/11/04	$250
CTE Mike McGuinness 770 Wildes Rd. Fallon, NV 89406	J	10/11/04	$250
CTE Mo Denis 3204 Osage Ave. Las Vegas, NV 89101	J	10/20/04	$250

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IN KIND CAMPAIGN CONTRIBUTIONS

Report Period #2

HARRY L. YORK — Name (print)

CPE/ISUPAC — Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
	N/A	N/A		

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IN KIND CAMPAIGN EXPENSES

Report Period # 2

Harry L. York — Name (print)

CPE/ISUPAC — Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of $100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 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

N/A

N/A

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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