

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 RED ROCK RESORTS, INC. PAC

ADDRESS (number and street) 1505 S. PAVILION CENTER DR. LAS VEGAS NV 89135

2. FEC IDENTIFICATION NUMBER C C00263731 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2018 through 08 31 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. LUCAS, STEVEN S., , ,

Type or Print Name of Treasurer Signature of Treasurer LUCAS, STEVEN S., , , [Electronically Filed] Date 09 20 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

RED ROCK RESORTS, INC. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="4344.92"/>	<input type="text" value="4344.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="49564.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1769.28"/>	<input type="text" value="57110.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51333.29"/>	<input type="text" value="61455.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2508.96"/>	<input type="text" value="12631.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48824.33"/>	<input type="text" value="48824.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

RED ROCK RESORTS, INC. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2018 To: M M / D D / Y Y Y Y 08 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1739.28	54868.14
(ii) Unitemized	30.00	2242.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1769.28	57110.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1769.28	57110.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1769.28	57110.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1769.28	57110.68

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8.96	131.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8.96	131.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	12500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2508.96	12631.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2508.96	12631.27

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1769.28	57110.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1769.28	57110.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8.96	131.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8.96	131.27

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. ARENA, JOHN BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10201 KENTON PL
 City LAS VEGAS State NV Zip Code 89144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUN LAKES CASINO Occupation (for Individual) VICE PRESIDENT/GENERAL MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt **08 / 03 / 2018**
Transaction ID : INCA20946
 Amount of Each Receipt this Period 38.00
 Memo Item

B. ARENA, JOHN BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10201 KENTON PL
 City LAS VEGAS State NV Zip Code 89144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUN LAKES CASINO Occupation (for Individual) VICE PRESIDENT/GENERAL MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt **08 / 17 / 2018**
Transaction ID : INCA20959
 Amount of Each Receipt this Period 38.00
 Memo Item

C. ARENA, JOHN BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10201 KENTON PL
 City LAS VEGAS State NV Zip Code 89144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUN LAKES CASINO Occupation (for Individual) VICE PRESIDENT/GENERAL MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt **08 / 31 / 2018**
Transaction ID : INCA20972
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HASKINS, RICHARD, , ,

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : INCA20936

Amount of Each Receipt this Period
192.30

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HASKINS, RICHARD, , ,

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

Transaction ID : INCA20949

Amount of Each Receipt this Period
192.30

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HASKINS, RICHARD, , ,

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL COI
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : INCA20962

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 03 / 2018
Transaction ID : INCA20937
 Amount of Each Receipt this Period 40.00
 Memo Item

B. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 17 / 2018
Transaction ID : INCA20950
 Amount of Each Receipt this Period 40.00
 Memo Item

C. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 31 / 2018
Transaction ID : INCA20963
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. HOELZER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 WEST SUNSET RD
 City HENDERSON State NV Zip Code 89014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNSET STATION Occupation (for Individual) ASSISTANT EXECUTIVE CHEF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 03 / 2018
Transaction ID : INCA20938
 Amount of Each Receipt this Period 20.00
 Memo Item

B. HOELZER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 WEST SUNSET RD
 City HENDERSON State NV Zip Code 89014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNSET STATION Occupation (for Individual) ASSISTANT EXECUTIVE CHEF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 17 / 2018
Transaction ID : INCA20951
 Amount of Each Receipt this Period 20.00
 Memo Item

C. HOELZER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 WEST SUNSET RD
 City HENDERSON State NV Zip Code 89014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNSET STATION Occupation (for Individual) ASSISTANT EXECUTIVE CHEF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2018
Transaction ID : INCA20964
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. MANTERIS, ARTHUR N., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 HALLET COVE COURT
 City BOULDER CITY State NV Zip Code 89005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) VP RACE & SPORTS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 08 / 03 / 2018
Transaction ID : INCA20939
 Amount of Each Receipt this Period 96.00
 Memo Item

B. MANTERIS, ARTHUR N., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 HALLET COVE COURT
 City BOULDER CITY State NV Zip Code 89005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) VP RACE & SPORTS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 08 / 17 / 2018
Transaction ID : INCA20952
 Amount of Each Receipt this Period 96.00
 Memo Item

C. MANTERIS, ARTHUR N., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 HALLET COVE COURT
 City BOULDER CITY State NV Zip Code 89005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) VP RACE & SPORTS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 08 / 31 / 2018
Transaction ID : INCA20965
 Amount of Each Receipt this Period 96.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. MC GONIGLE, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 PRETTY SUNSET TERRACE
 City HENDERSON State NV Zip Code 89105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOULDER STATION Occupation (for Individual) EXECUTIVE CHEF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 03 / 2018
Transaction ID : INCA20944
 Amount of Each Receipt this Period 25.00
 Memo Item

B. MC GONIGLE, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 PRETTY SUNSET TERRACE
 City HENDERSON State NV Zip Code 89105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOULDER STATION Occupation (for Individual) EXECUTIVE CHEF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 17 / 2018
Transaction ID : INCA20957
 Amount of Each Receipt this Period 25.00
 Memo Item

C. MC GONIGLE, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 PRETTY SUNSET TERRACE
 City HENDERSON State NV Zip Code 89105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOULDER STATION Occupation (for Individual) EXECUTIVE CHEF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2018
Transaction ID : INCA20970
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. PAIGE, MARK G., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 95511

City LAS VEGAS	State NV	Zip Code 89114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIESTA CASINO HOTEL	Occupation (for Individual) SECURITY DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 03 / 2018
Transaction ID : INCA20948

Amount of Each Receipt this Period
 20.00

Memo Item

B. PAIGE, MARK G., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 95511

City LAS VEGAS	State NV	Zip Code 89114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIESTA CASINO HOTEL	Occupation (for Individual) SECURITY DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 17 / 2018
Transaction ID : INCA20961

Amount of Each Receipt this Period
 20.00

Memo Item

C. PAIGE, MARK G., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 95511

City LAS VEGAS	State NV	Zip Code 89114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIESTA CASINO HOTEL	Occupation (for Individual) SECURITY DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 31 / 2018
Transaction ID : INCA20974

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. PEARSON, DAVID, , ,		Date of Receipt MM / DD / YYYY 08 / 03 / 2018
Mailing Address 9281 SILVER ARROW CT.		Transaction ID : INCA20940
City LAS VEGAS	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) STATION CASINOS LLC	Occupation (for Individual) DIR. OF DIRECT MAIL	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PEARSON, DAVID, , ,		Date of Receipt MM / DD / YYYY 08 / 17 / 2018
Mailing Address 9281 SILVER ARROW CT.		Transaction ID : INCA20953
City LAS VEGAS	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) STATION CASINOS LLC	Occupation (for Individual) DIR. OF DIRECT MAIL	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PEARSON, DAVID, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2018
Mailing Address 9281 SILVER ARROW CT.		Transaction ID : INCA20966
City LAS VEGAS	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) STATION CASINOS LLC	Occupation (for Individual) DIR. OF DIRECT MAIL	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHLICHENMAYER, GINAMARIE K., , ,

Mailing Address 914 WILD WEST DRIVE

City HENDERSON	State NV	Zip Code 89015
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : INCA20941

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHLICHENMAYER, GINAMARIE K., , ,

Mailing Address 914 WILD WEST DRIVE

City HENDERSON	State NV	Zip Code 89015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

Transaction ID : INCA20954

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHLICHENMAYER, GINAMARIE K., , ,

Mailing Address 914 WILD WEST DRIVE

City HENDERSON	State NV	Zip Code 89015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : INCA20967

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. STAGG, STACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 QUADRAL ST.

City LAS VEGAS	State NV	Zip Code 89129
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) ASSISTANT GENERAL MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : INCA20945

Amount of Each Receipt this Period
20.00

Memo Item

B. STAGG, STACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 QUADRAL ST.

City LAS VEGAS	State NV	Zip Code 89129
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) ASSISTANT GENERAL MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

Transaction ID : INCA20958

Amount of Each Receipt this Period
20.00

Memo Item

C. STAGG, STACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 QUADRAL ST.

City LAS VEGAS	State NV	Zip Code 89129
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) ASSISTANT GENERAL MANAGER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : INCA20971

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 18
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. VON TOBEL, JON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STATION CASINOS, LLC	Occupation (for Individual) DIR. OF PC DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

Transaction ID : INCA20942

Amount of Each Receipt this Period
40.00

Memo Item

B. VON TOBEL, JON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STATION CASINOS, LLC	Occupation (for Individual) DIR. OF PC DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

Transaction ID : INCA20955

Amount of Each Receipt this Period
40.00

Memo Item

C. VON TOBEL, JON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STATION CASINOS, LLC	Occupation (for Individual) DIR. OF PC DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : INCA20968

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

A. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 City LAS VEGAS State NV Zip Code 89147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 08 / 03 / 2018
Transaction ID : INCA20943
 Amount of Each Receipt this Period 38.46
 Memo Item

B. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 City LAS VEGAS State NV Zip Code 89147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 08 / 17 / 2018
Transaction ID : INCA20956
 Amount of Each Receipt this Period 38.46
 Memo Item

C. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 City LAS VEGAS State NV Zip Code 89147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 08 / 31 / 2018
Transaction ID : INCA20969
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
TOTAL This Period (last page this line number only).....	1739.28

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RED ROCK RESORTS, INC. PAC

Full Name (Last, First, Middle Initial) A. COLLINS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address P.O. BOX 1295		FEC Identification Number C 00502039 Transaction ID : EXPB20920
City Gainseville	State GA	Zip Code 20503
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name COLLINS, DOUGLAS, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: GA District: 09	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00