

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) Station Casinos, Inc. Political Action Committee * | 2. DATE 9/24/93 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 2411 West Sahara Avenue | 3. FEDERAL IDENTIFICATION NUMBER C00263731 |
| (c) City, State and ZIP Code Las Vegas, NV 89102 | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one) * aka Station Casinos PAC

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|---|------------------------|
| Station Casinos, Inc. | 2411 W Sahara Avenue Las Vegas, NV 89102 | Connected Organization |

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
| No Change | | |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
| No Change | | |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|--------------------------------|------------------------------|
| No Change | |

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

| | | |
|----------------------------------|------------------------|---------|
| TYPE OR PRINT NAME OF TREASURER | SIGNATURE OF TREASURER | DATE |
| James R. Sutton, Asst. Treasurer | <i>James R. Sutton</i> | 9/24/93 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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and/or DATE OF RECEIPT

E.S.
PREPARER

9/22/93
DATE PREPARED

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