

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.

Check if different than previously reported. (ACC)

LAS VEGAS NV 89135

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00263731

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 / 06 / 2018 in the State of CA

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 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 10 / 25 / 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"/>	<input type="text" value="4344.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="49994.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="589.76"/>	<input type="text" value="58879.96"/>
(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="50584.71"/>	<input type="text" value="63224.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9.12"/>	<input type="text" value="12649.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50575.59"/>	<input type="text" value="50575.59"/>
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)

Write or Type Committee Name

RED ROCK RESORTS, INC. PAC

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

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).....	589.76	56617.42
(ii) Unitemized	0.00	2262.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	589.76	58879.96
(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)	589.76	58879.96
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)).....▶	589.76	58879.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	589.76	58879.96

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	9.12	149.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9.12	149.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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)) ..	9.12	12649.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9.12	12649.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	589.76	58879.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	589.76	58879.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9.12	149.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.12	149.29

**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 6 OF 10
	<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	<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 MANAGI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 12 / 2018
Transaction ID : INCA21025
 Amount of Each Receipt this Period 38.00
 Memo Item

B. HASKINS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 CANYON GREEN DR
 City LAS VEGAS State NV Zip Code 89144
 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 ▼ 4038.30

Date of Receipt 10 / 12 / 2018
Transaction ID : INCA21015
 Amount of Each Receipt this Period 192.30
 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 ▼ 840.00

Date of Receipt 10 / 12 / 2018
Transaction ID : INCA21016
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.30
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 10
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SUNSET STATION	Occupation (for Individual) ASSISTANT EXECUTIVE CHEF
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : INCA21017

Amount of Each Receipt this Period
20.00

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
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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 ▼
2016.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : INCA21018

Amount of Each Receipt this Period
96.00

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

Name of Employer (for Individual) BOULDER STATION	Occupation (for Individual) EXECUTIVE CHEF
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : INCA21024

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	141.00
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 8 OF 10
<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. MCKINNEY, KRISTIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : INCA21026

Amount of Each Receipt this Period
10.00

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : INCA21027

Amount of Each Receipt this Period
20.00

Memo Item

C. PEARSON, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9281 SILVER ARROW CT.

City LAS VEGAS	State NV	Zip Code 89117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STATION CASINOS LLC	Occupation (for Individual) DIR. OF DIRECT MAIL
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : INCA21019

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
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 10
<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. SCHLICHENMAYER, GINAMARIE K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 525.00

Date of Receipt 10 / 12 / 2018
Transaction ID : INCA21020
 Amount of Each Receipt this Period 25.00
 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 ▼ 420.00

Date of Receipt 10 / 12 / 2018
Transaction ID : INCA21023
 Amount of Each Receipt this Period 20.00
 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 ▼ 840.00

Date of Receipt 10 / 12 / 2018
Transaction ID : INCA21021
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
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 10
	<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
WOLSON, SCOTT, , ,

Mailing Address 8955 W. CHEROKEE LN

City LAS VEGAS	State NV	Zip Code 89147
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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 ▼
807.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2018

Transaction ID : INCA21022

Amount of Each Receipt this Period
 38.46

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.46
TOTAL This Period (last page this line number only).....	589.76