

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

STATION CASINOS, INC. PAC

ADDRESS (number and street)

10973 W. SUMMERLIN CENTRE DR.

(Check if address is changed)

LAS VEGAS

NV

89135

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

SSCALLY@NMGVLAW.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

05 / 24 / 2007

3. FEC IDENTIFICATION NUMBER

C C00263731

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

STEVEN S LUCAS

Signature of Treasurer

Electronically Filed by STEVEN S LUCAS

Date

05 / 21 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

STATION CASINOS, INC

Mailing Address **10973 W. SUMMERLIN CENTRE DR.**

LAS VEGAS **CA** **89135** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **CONNECTED ORGANIZATION**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

STATION CASINOS, INC. PAC

- 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 **STEVEN S. LUCAS**

Mailing Address **591 REDWOOD HWY BUILDING #4000**

MILL VALLEY **CA** **94941**

Title or Position **CITY** **STATE** **ZIP CODE**

Custodian of Records Telephone number **415** **389** **6800**

- 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 of Treasurer **TOM FRIEL**

Mailing Address **10973 W. SUMMERLIN CENTRE DR.**

LAS VEGAS **NV** **89135**

Title or Position **CITY** **STATE** **ZIP CODE**

Treasurer Telephone number **702** **495** **4210**

Full Name of Designated Agent **STEVEN S. LUCAS**

Mailing Address **591 REDWOOD HWY BUILDING #4000**

MILL VALLEY **CA** **94941**

Title or Position **CITY** **STATE** **ZIP CODE**

Assistant Treasurer Telephone number **415** **389** **6800**

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.

BANK OF MARIN

Mailing Address

50 MADERA BLVD

CORTE MADERA

CA

94925

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

____-____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

____-____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -



Image# 27990114174

Form/Schedule: **F1A**

AMENDED TO SHOW NAME OF NEW TREASURER

Transaction ID:
