Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MGM RESORTS INTERNATIONAL PAC 2350 KERNER BLVD., SUITE 250 ADDRESS (number and street) (Check if address is changed) SAN RAFAEL 94901 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecform1@nmgovlaw.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00299321 FEC IDENTIFICATION NUMBER > 3. X 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. Steven S. Lucas Type or Print Name of Treasurer Steven S. Lucas [Electronically Filed] 80 2015 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
TYPI	E OF C	OMMITTEE	. wyo 2				
Can	ididate	e Committee:					
(a)	Ш	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.)					
Nam Cand	e of didate						
	didate / Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a				
		X Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)						
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

I		
FEC Form 1 (Revised (Page 3
Write or Type Committee Name		
MGM RESORT	S INTERNATIONAL PAC	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leadership PAC Sponsor
MGM RESORTS INTE	ERNATIONAL	
Mailing Address	3799 LAS VEGAS BLVD. SOUTH	
	LAS VEGAS	NV 89109
	CITY	STATE ZIP CODE
	GITT	STATE ZIF GODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor
7. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position	on of the person in possession of committee
STEVENS	S. LUCAS	
Full Name	2350 VEDNED BLVD. SUITE 350	
Mailing Address	2350 KERNER BLVD., SUITE 250	
	SAN RAFAEL	CA 94901
Title or Position	CITY	STATE ZIP CODE
Custodian of Records		ber 415 - 389 - 6800
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the name and address of
Full Name STEVEN S	S. LUCAS	
of Treasurer	JOSE VEDVED DIVID CLUTE SES	
Mailing Address	2350 KERNER BLVD., SUITE 250	
	SAN RAFAEL	CA 94901
	CITY	STATE ZIP CODE
Title or Position Treasurer	I	415 389 6800
	Telephone numl	ber

FEC Form	1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	JAMES W. CARSON					
Mailing Address	2350 KERNER BLVD., SUITE 250					
	SAN RAFAEL CA 94901 CITY STATE ZI	P CODE				
Title or Position Assistant Treasu	rer	89 6800				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc. BANK OF MARIN						
Mailing Address	504 TAMALPAIS DRIVE					
	CORTE MADERA CA 94925					
	CITY STATE ZI	IP CODE				
Name of Bank, Depository, etc.						
Marin	Bank of Marin 50 Madera Blvd					
Mailing Address	Corte Madera CA 94925					
	CITY STATE ZI	IP CODE				