

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
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FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERISTAR CASINOS, INC. FEDERAL PAC

ADDRESS (number and street) **3200 NORTH AMERISTAR DRIVE**

Check if different than previously reported. (ACC)

KANSAS CITY MO 64161

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

C00490466

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 MM / DD / YYYY in the State of XX

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

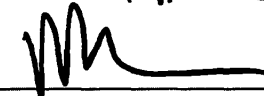
General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of XX

5. Covering Period 04 / 01 / 2011 through 06 / 30 / 2011

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

Type or Print Name of Treasurer **Matthew Block**

Signature of Treasurer  Date 10 / 11 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

11030671244

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ameristar Casinos, Inc. Federal 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="2011"/>	<input type="text" value="5479"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10279"/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19).....	<input type="text" value="6800"/>	<input type="text" value="11600"/>
(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="17079"/>	<input type="text" value="17079"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000"/>	<input type="text" value="5000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12079"/>	<input type="text" value="12079"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	<input type="text" value=""/>



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

11030671245

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ameristar Casinos, Inc. Federal PAC

Report Covering the Period: From: **09 / 01 / 2011**

To: **06 / 30 / 2011**

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).....

6800

11,600

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

6800

11,600

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

6800

11,600

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

6800

11,600

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

6800

11,600

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DETAILED SUMMARY PAGE
of Disbursements

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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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000	5000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000	5000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

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

6800
6800

11600
11600

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)

<input 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

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)
Ameristar Casinos, Inc. Federal PAC

A. Hodges, Larry A.
Full Name (Last, First, Middle, Initial)
Mailing Address
11866 Brigadom Drive
City **Las Vegas** State **NV** Zip Code **89141**
FEC ID number of contributing federal political committee. **C00490466**
Name of Employer **Ameristar Casinos, Inc.** Occupation **COO**
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **800**

Date of Receipt
04 / 04 / 2011
Amount of Each Receipt this Period
800

B. Eagleton, Paul D.
Full Name (Last, First, Middle, Initial)
Mailing Address
1120 Arbor Pine Ave.
City **Las Vegas** State **NV** Zip Code **89114**
FEC ID number of contributing federal political committee. **C00490466**
Name of Employer **Ameristar Casinos, Inc.** Occupation **CMO**
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000**

Date of Receipt
04 / 08 / 2011
Amount of Each Receipt this Period
1000

C. Neilson, Ray
Full Name (Last, First, Middle, Initial)
Mailing Address
1200 Oak Alley
City **Edward** State **MS** Zip Code **39066**
FEC ID number of contributing federal political committee. **C00490466**
Name of Employer **Ameristar Casinos, Inc.** Occupation **Chair of Board**
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **5000**

Date of Receipt
04 / 13 / 2011
Amount of Each Receipt this Period
5000

SUBTOTAL of Receipts This Page (optional)..... **6800**
TOTAL This Period (last page this line number only)..... **6800**

11030671249

**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)		PAGE		OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ameristar Casinos, Inc. Federal PAC

A. **AGR PAC**

Mailing Address: **1299 Pennsylvania Ave. NW Suite 1175**
 City: **Washington, D.C.** State: _____ Zip Code: **20004**

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **04 / 15 / 2011**

Amount of Each Disbursement this Period: **5000**

Category/Type: **011**

B.

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

C.

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **5000**

TOTAL This Period (last page this line number only).....▶ **5000**

11030671250

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *FedEx* Shipping Date
10/11/11
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Chm B

PREPARER
 (3/2005)

10/10/11

DATE PREPARED

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