

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 24 1 06 PM '98

1. NAME OF COMMITTEE (in full) STATION CASINOS, INC. POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00263731
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 2411 WEST SAHARA AVENUE		
CITY, STATE and ZIP CODE LAS VEGAS, NV 89102		
		3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>06/01/98</u> through <u>06/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$31875.55
(b) Cash on Hand at Beginning of Reporting Period	\$21651.85	
(c) Total Receipts (from Line 19)	\$1272.97	\$11316.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$22924.82	\$43191.98
7. Total Disbursements (from Line 30)	\$-225.00	\$20042.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$23149.82	\$23149.82
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 609 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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
STEVEN S. LUCAS, ASSISTANT TREASURER

Signature of Treasurer



Date
07/16 /98

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

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FEC FORM 3X
(Revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE STATION CASINOS, INC. POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 06/01/98 TO: 06/30/98		
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (Use Schedule A)		\$1233.07	\$10184.98	11(a)(i)
ii. Unitemized		\$19.00	\$991.22	11(a)(ii)
iii. Total (add i and ii)		\$1252.07	\$11156.21	11(a)(iii)
b. Political Party Committees		\$0.00	\$0.00	11(b)
c. Other Political Committees (such as PACs)		\$0.00	\$0.00	11(c)
d. Total Contributions (add a iii, b and c)		\$1252.07	\$11156.21	11(d)
12. Transfers From Affiliated/Other Party Committees		\$0.00	\$0.00	12
13. All Loans Received		\$0.00	\$0.00	13
14. Loan Repayments Received		\$0.00	\$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		\$0.00	\$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		\$0.00	\$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		\$20.90	\$160.22	17
18. Transfers from Nonfederal Account for Joint Activity		\$0.00	\$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		\$1272.97	\$11316.43	19
20. Total Federal Receipts (subtract line 18 from line 19)		\$1272.97	\$11316.43	20
II. DISBURSEMENTS				
21. Operating Expenditures:				
a. Shared Federal/Non Federal Activity (from Schedule H4)				
i. Federal Share		\$0.00	\$0.00	21(a)(i)
ii. Non-Federal Share		\$0.00	\$0.00	21(a)(ii)
b. Other Federal Operating Expenditures		\$0.00	\$94.04	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)		\$0.00	\$94.04	21(c)
22. Transfers to Affiliated/Other Party Committees		\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		\$-600.00	\$19500.00	23
24. Independent Expenditures (use Schedule E)		\$0.00	\$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))(use Schedule F)		\$0.00	\$0.00	25
26. Loan Repayments Made		\$0.00	\$0.00	26
27. Loans Made		\$0.00	\$0.00	27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees		\$0.00	\$673.12	28(a)
b. Political Party Committees		\$0.00	\$0.00	28(b)
c. Other Political Committees (such as PACs)		\$0.00	\$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)		\$0.00	\$673.12	28(d)
29. Other Disbursements		\$275.00	\$-225.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		\$-225.00	\$20042.16	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		\$-225.00	\$20042.16	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		\$1252.07	\$11156.21	32
33. Total Contribution Refunds (from line 28d)		\$0.00	\$673.12	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		\$1252.07	\$10483.09	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		\$0.00	\$94.04	35
36. Offsets to Operating Expenditures (from line 15)		\$0.00	\$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)		\$0.00	\$94.04	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
STATION CASINOS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and Zip Code WESLEY ALLISON 2304 SAPPHIRE VALLEY STREET Las Vegas, NV 89128- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer STATION CASINOS, INC. Occupation DIRECTOR OF FINANCE	Date (month, day, year) 06/30/98 Aggregate Year-to-Date -> \$499.98	Amount of Each Receipt this Period \$38.46
Full Name, Mailing Address and Zip Code ROD MIAMIAN 3241 FITCHING WEDGE DRIVE LAS VEGAS, NV 89134- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer STATION CASINOS, INC. Occupation DIR/FINANCIAL SERVICES	Date (month, day, year) 06/30/98 Aggregate Year-to-Date -> \$1235.00	Amount of Each Receipt this Period \$95.00
Full Name, Mailing Address and Zip Code GLENN C. CHRISTENSON 2346 VILLANDRY COURT HENDERSON, NV 89014- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer STATION CASINOS, INC. Occupation PRES., CHIEF FINANCIAL OFF.	Date (month, day, year) 06/30/98 Aggregate Year-to-Date -> \$800.00	Amount of Each Receipt this Period \$200.00
Full Name, Mailing Address and Zip Code LEE EVANS 2411 W. SAHARA AVENUE Las Vegas, NV 89102- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer STATION CASINOS, INC. Occupation DIRECTOR OF PURCHASING	Date (month, day, year) 06/30/98 Aggregate Year-to-Date -> \$325.00	Amount of Each Receipt this Period \$25.00
Full Name, Mailing Address and Zip Code JAMES HUGHES 7425 SILVER PALM AVENUE LAS VEGAS, NV 89117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer SUNSET STATION Occupation V.P. GENERAL MANAGER	Date (month, day, year) 06/28/98 Aggregate Year-to-Date -> \$1442.25	Amount of Each Receipt this Period \$192.30
Full Name, Mailing Address and Zip Code KEVIN KELLEY 17 VINGAGE COURT Las Vegas, NV 89113- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer STATION CASINOS, INC. Occupation V.P./GENERAL MANAGER	Date (month, day, year) 06/28/98 Aggregate Year-to-Date -> \$1850.00	Amount of Each Receipt this Period \$370.00
Full Name, Mailing Address and Zip Code SCOTT NIELSON 6932 EMERALD SPRINGS LAS VEGAS, NV 89113- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer STATION CASINOS, INC. Occupation VP/GAMING DEVELOPMENT	Date (month, day, year) 06/30/98 Aggregate Year-to-Date -> \$2500.03	Amount of Each Receipt this Period \$192.31

SUBTOTAL of Receipts This Page (optional)

\$1113.07

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page

PAGE 2 OF 2
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
STATION CASINOS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and Zip Code WILLIAM WARNER 8504 ESTRELITA DRIVE LAS VEGAS, NV 89128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer STATION CASINOS, INC. Occupation DIRECTOR OF FINANCE	Date (month, day, year) 06/30/98 Aggregate Year-to-Date -> \$1300.00	Amount of Each Receipt this Period \$100.00
Full Name, Mailing Address and Zip Code CLARK A. WOOD 8504 ESTRELITA Las Vegas, NV 89128- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Name of Employer STATION CASINOS, INC. Occupation V.P. FINANCE	Date (month, day, year) 06/30/98 Aggregate Year-to-Date -> \$260.00	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$120.00
TOTAL This Period (last page this line number only)	\$1233.07

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
STATION CASINOS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF PHIL MALOOF 1319 SAN PEDRO, NE Albuquerque, NM 87110-	PHIL MALOOF, US CONGRESS, STATE; NM; DIST. 1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	\$-500.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$-500.00
TOTAL This Period (last page this line number only)	\$-500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary page

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STATION CASINOS, INC. POLITICAL ACTION COMMITTEE


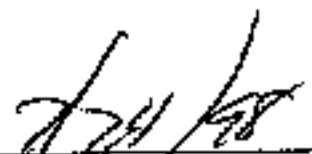
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR LEONARD HYMAN 1146 CANTINA DRIVE Saint Louis, MO 63141-	LEONARD HYMAN, ASSEMBLY; STATE: MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/17/98	\$275.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$275.00
TOTAL This Period (last page this line number only)	\$275.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/20/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
  PREPARER	  DATE PREPARED