

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEC MAIL ROOM

2000 JUN 21 P 3 49

<b>1. NAME OF COMMITTEE (In full)</b> STATION CASINOS, INC. POLITICAL ACTION COMMITTEE	<b>2. FEC IDENTIFICATION NUMBER</b> CDD263731
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported  2411 WEST 53RD AVENUE <b>CITY, STATE and ZIP CODE</b>  LAS VEGAS, NV 89102	<b>3.</b> <input checked="" type="checkbox"/> This committee has 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)  
 Terminal 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
- 12-Day Pre-Election Report for the \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election 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>05/01/2000</u> through <u>05/31/2000</u>		
6. (a) Cash on Hand January 1, 2000		\$ 26768.19
(b) Cash on Hand at Beginning of Reporting Period	\$ 15756.65	
(c) Total Receipts (from Line 19)	\$ 2220.98	\$ 9937.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27977.63	\$ 36705.91
7. Total Disbursements (from Line 30)	\$ 500.00	\$ 9228.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 27477.63	\$ 27477.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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: **6/14/00**

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-694-1100

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

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**FEC FORM 3X**  
(revised 8/93)

**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 05/01/2000 TO: 05/31/2000	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	2202.22	9506.06	11(a)(i)
ii. Unitemized .....	0.00	346.00	11(a)(ii)
iii. Total .....	2202.22	9852.06	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 .....	2202.22	9852.06	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.) .....	18.76	85.66	17
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00	18
19. Total Receipts .....	2220.98	9937.72	19
20. Total Federal Receipts .....	2220.98	9937.72	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal (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	28.28	21(b)
c. Total Operating Expenditures .....	0.00	28.28	21(c)
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	500.00	9000.00	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	200.00	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 .....	0.00	200.00	28(d)
29. Other Disbursements .....	0.00	0.00	29
30. Total Disbursements .....	500.00	9228.28	30
31. Total Federal Disbursements .....	500.00	9228.28	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	2202.22	9852.06	32
33. Total Contribution Refunds (from line 28d) .....	0.00	200.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	2202.22	9652.06	34
35. Total Federal Operating Expenditures .....	0.00	28.28	35
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36
37. Net Operating Expenditures .....	0.00	28.28	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11 (a)(1)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HUGHES 7425 SILVER PALM AVENUE LAS VEGAS, NV 89117	SUNSET STATION	05/15/2000	\$96.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P. GENERAL MANAGER	Aggregate Year-to-Date \$ 1057.65	
<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HUGHES 7425 SILVER PALM AVENUE LAS VEGAS, NV 89117	SUNSET STATION	05/15/2000	\$96.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P. GENERAL MANAGER	Aggregate Year-to-Date \$ 1057.65	
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN KELLEY 17 VINGAGE COURT LAS VEGAS, NV 89113-	STATION CASINOS, INC.	05/15/2000	\$185.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P./GENERAL MANAGER	Aggregate Year-to-Date \$ 1650.00	
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RODNEY B. ATAMIAN 9241 PITCHING WEDGE DRIVE LAS VEGAS, NV 89134-	STATION CASINOS, INC.	05/31/2000	\$190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIR./FINANCIAL SERVICES	Aggregate Year-to-Date \$ 1045.00	
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN C. CHRISTENSEN 2346 VILLANDRY COURT HENDERSON, NV 89014.	STATION CASINOS, INC.	05/31/2000	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation PRES., CH. FINANCIAL OFF.	Aggregate Year-to-Date \$ 2000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES C. EVANS 2411 W. SAHARA AVENUE Las Vegas, NV 89102	STATION CASINOS, INC.	05/31/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIRECTOR OF PURCHASING	Aggregate Year-to-Date \$ 275.00	
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANICE HERTIG 3452 WHITE MISSION DRIVE Las Vegas, NV 89102-	STATION CASINOS INC	05/31/2000	\$98.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation CORPORATE ACCOUNTING MGR.	Aggregate Year-to-Date \$ 209.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 1055.30

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

STATION CASINOS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HUGHES 7425 SILVER PALM AVENUE LAS VEGAS, NV 89117	SUNSET STATION	05/31/2000	\$96.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P. GENERAL MANAGER Aggregate Year-to-Date \$ 1057.65		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HUGHES 7425 SILVER PALM AVENUE LAS VEGAS, NV 89117	SUNSET STATION	05/31/2000	\$96.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P. GENERAL MANAGER Aggregate Year-to-Date \$ 1057.65		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN KELLEY 17 VINEAGE COURT Las Vegas, NV 89113-	STATION CASINOS, INC.	05/31/2000	\$185.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P./GENERAL MANAGER Aggregate Year-to-Date \$ 1950.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN KELLEY 17 VINEAGE COURT Las Vegas, NV 89113-	STATION CASINOS, INC.	05/31/2000	\$185.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P./GENERAL MANAGER Aggregate Year-to-Date \$ 1850.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT H. NIELSON 6912 EMERALD SPRINGS LAS VEGAS, NV 89113-	STATION CASINOS, INC.	05/31/2000	\$364.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P./GAMING DEVELOPMENT Aggregate Year-to-Date \$ 2115.41		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM WARNER 8504 ESTRELLITA DRIVE LAS VEGAS, NV 89128	STATION CASINOS, INC.	05/31/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIRECTOR OF FINANCE Aggregate Year-to-Date \$ 1100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$		

**SUBTOTAL** of Receipts This Page (optional) ..... 1146.92

**TOTAL** This Period (last page this line number only) ..... 2202.22

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

STATION CASINOS, INC. POLITICAL ACTION COMMITTEE

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HASTERT FOR CONGRESS COMMITTEE P.O. BOX 625 BATAVIA, IL 60510	DENNIS J. EASTERT MEMBER OF CONGRESS; STATE: IL; DIST. 14 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/2000	6500.00
B. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
C. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
E. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
F. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
G. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
H. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
I. 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)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 6/21/2000
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
PKY	6/22/2000
PREPARER	DATE PREPARED