

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 RED ROCK RESORTS, INC. PAC

ADDRESS (number and street) 1505 S. PAVILION CENTER DR. LAS VEGAS NV 89135

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00263731 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2020 through 06 30 2020

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

Type or Print Name of Treasurer

Signature of Treasurer S. LUCAS, STEVEN, , , [Electronically Filed] Date 07 20 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**RED ROCK RESORTS, INC. 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="2020"/>	<input type="text" value="99528.26"/>	<input type="text" value="99528.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="68017.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="598.00"/>	<input type="text" value="4087.00"/>
(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="68615.26"/>	<input type="text" value="103615.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="- 12500.00"/>	<input type="text" value="22500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81115.26"/>	<input type="text" value="81115.26"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**RED ROCK RESORTS, INC. PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	578.00	2482.00
(ii) Unitemized .....	20.00	1605.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	598.00	4087.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	598.00	4087.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	598.00	4087.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	598.00	4087.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	- 12500.00	22500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	- 12500.00	22500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 12500.00	22500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	598.00	4087.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	598.00	4087.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<input checked="" 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)  
**RED ROCK RESORTS, INC. PAC**

**A. ARENA, JOHN BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10201 KENTON PL  
 City LAS VEGAS State NV Zip Code 89144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GUN LAKES CASINO Occupation (for Individual) VICE PRESIDENT/GENERAL MANAGI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 05 / 2020  
**Transaction ID : INCA21526**  
 Amount of Each Receipt this Period 38.00  
 Memo Item

**B. ARENA, JOHN BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10201 KENTON PL  
 City LAS VEGAS State NV Zip Code 89144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GUN LAKES CASINO Occupation (for Individual) VICE PRESIDENT/GENERAL MANAGI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 19 / 2020  
**Transaction ID : INCA21535**  
 Amount of Each Receipt this Period 38.00  
 Memo Item

**C. HOELZER, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 WEST SUNSET RD  
 City HENDERSON State NV Zip Code 89014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNSET STATION Occupation (for Individual) ASSISTANT EXECUTIVE CHEF  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 05 / 2020  
**Transaction ID : INCA21520**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RED ROCK RESORTS, INC. PAC**

**A. HOELZER, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 WEST SUNSET RD  
 City HENDERSON State NV Zip Code 89014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNSET STATION Occupation (for Individual) ASSISTANT EXECUTIVE CHEF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 19 / 2020  
**Transaction ID : INCA21529**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. MANTERIS, ARTHUR N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 HALLET COVE COURT  
 City BOULDER CITY State NV Zip Code 89005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) VP RACE & SPORTS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 05 / 2020  
**Transaction ID : INCA21521**  
 Amount of Each Receipt this Period 96.00  
 Memo Item

**C. MANTERIS, ARTHUR N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 HALLET COVE COURT  
 City BOULDER CITY State NV Zip Code 89005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) VP RACE & SPORTS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 19 / 2020  
**Transaction ID : INCA21530**  
 Amount of Each Receipt this Period 96.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RED ROCK RESORTS, INC. PAC**

**A. MC GONIGLE, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 PRETTY SUNSET TERRACE  
 City HENDERSON State NV Zip Code 89105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOULDER STATION Occupation (for Individual) EXECUTIVE CHEF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 05 / 2020  
**Transaction ID : INCA21525**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. MC GONIGLE, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 PRETTY SUNSET TERRACE  
 City HENDERSON State NV Zip Code 89105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOULDER STATION Occupation (for Individual) EXECUTIVE CHEF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 19 / 2020  
**Transaction ID : INCA21534**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. PAIGE, MARK G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 95511  
 City LAS VEGAS State NV Zip Code 89114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIESTA CASINO HOTEL Occupation (for Individual) SECURITY DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 05 / 2020  
**Transaction ID : INCA21528**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**RED ROCK RESORTS, INC. PAC**

**A. PAIGE, MARK G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 95511  
 City LAS VEGAS State NV Zip Code 89114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIESTA CASINO HOTEL Occupation (for Individual) SECURITY DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 19 / 2020  
**Transaction ID : INCA21537**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. PEARSON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9281 SILVER ARROW CT.  
 City LAS VEGAS State NV Zip Code 89117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) DIR. OF DIRECT MAIL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 05 / 2020  
**Transaction ID : INCA21522**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. PEARSON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9281 SILVER ARROW CT.  
 City LAS VEGAS State NV Zip Code 89117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATION CASINOS LLC Occupation (for Individual) DIR. OF DIRECT MAIL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 19 / 2020  
**Transaction ID : INCA21531**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**RED ROCK RESORTS, INC. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SCHLICHENMAYER, GINAMARIE K., , ,**

Mailing Address **914 WILD WEST DRIVE**

City <b>HENDERSON</b>	State <b>NV</b>	Zip Code <b>89015</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>BOULDER STATION HOTEL &amp; CASINO</b>	Occupation (for Individual) <b>DIRECTOR OF MARKETING</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2020

**Transaction ID : INCA21523**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SCHLICHENMAYER, GINAMARIE K., , ,**

Mailing Address **914 WILD WEST DRIVE**

City <b>HENDERSON</b>	State <b>NV</b>	Zip Code <b>89015</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>BOULDER STATION HOTEL &amp; CASINO</b>	Occupation (for Individual) <b>DIRECTOR OF MARKETING</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2020

**Transaction ID : INCA21532**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**VON TOBEL, JON, , ,**

Mailing Address **4306 SANDCASTLE DR.**

City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89147</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>STATION CASINOS, LLC</b>	Occupation (for Individual) <b>DIR. OF PC DEVELOPMENT</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2020

**Transaction ID : INCA21524**

Amount of Each Receipt this Period  

40.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RED ROCK RESORTS, INC. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**VON TOBEL, JON, , ,**

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STATION CASINOS, LLC	Occupation (for Individual) DIR. OF PC DEVELOPMENT
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2020

**Transaction ID : INCA21533**

Amount of Each Receipt this Period  
 40.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	578.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RED ROCK RESORTS, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. BLUE NEVADA PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2020
Mailing Address 4904 CAMINO AVENUE, #336664		FEC Identification Number C00707232 <b>Transaction ID : EXPB21510</b> Amount of Each Disbursement this Period - 2500.00
City NORTH LAS VEGAS	State NV	Zip Code 89033
Purpose of Disbursement VOIDED CHECK - ORIGINALLY ISSUED 2/11/20		011 Category/ Type
Candidate Name <b>PAC, LEADERSHIP, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CATHERINE CORTEZ MASTO FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2020
Mailing Address 8020 SOUTH RAINBOW BLVD #100-112		FEC Identification Number C00575548 <b>Transaction ID : EXPB21508</b> Amount of Each Disbursement this Period - 3000.00
City LAS VEGAS	State NV	Zip Code 89139
Purpose of Disbursement VOIDED CHECK - ORIGINALLY ISSUED 2/11/20		011 Category/ Type
Candidate Name <b>MASTO, CATHERINE CORTEZ, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District:		

Full Name (Last, First, Middle Initial) <b>C. CATHERINE CORTEZ MASTO FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2020
Mailing Address 8020 SOUTH RAINBOW BLVD #100-112		FEC Identification Number C00575548 <b>Transaction ID : EXPB21509</b> Amount of Each Disbursement this Period - 2000.00
City LAS VEGAS	State NV	Zip Code 89139
Purpose of Disbursement VOIDED CHECK - ORIGINALLY ISSUED 2/11/20		011 Category/ Type
Candidate Name <b>MASTO, CATHERINE CORTEZ, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District:		

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

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

- 7500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RED ROCK RESORTS, INC. PAC**

**A. SUSIE LEE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5130 S. FORT APACHE ROAD  
SUITE 215-382

M M M	/	D D D	/	Y Y Y Y Y
06		05		2020

City LAS VEGAS State NV Zip Code 89148

FEC Identification Number

Purpose of Disbursement  
VOIDED CHECK - ORIGINALLY ISSUED 2/11/20

011
Category/ Type

**C** C00655613

**Transaction ID : EXPB21507**

Amount of Each Disbursement this Period

- 2500.00
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Candidate Name  
**LEE, SUSIE, , ,**

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

**B. TITUS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 72454

M M M	/	D D D	/	Y Y Y Y Y
06		05		2020

City LAS VEGAS State NV Zip Code 89170

FEC Identification Number

Purpose of Disbursement  
VOIDED CHECK - ORIGINALLY ISSUED 2/11/20

011
Category/ Type

**C** C00499467

**Transaction ID : EXPB21506**

Amount of Each Disbursement this Period

- 2500.00
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Candidate Name  
**TITUS, DINA, , ,**

Office Sought:  House  
 Senate  
 President  
State: NV District: 01

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y

City State Zip Code

FEC Identification Number

Purpose of Disbursement

Category/ Type

**C**

Amount of Each Disbursement this Period

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Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

- 5000.00
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- 12500.00
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