

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.

Check if different than previously reported. (ACC)

LAS VEGAS

NV

89135

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

C C00263731

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 M M / D D / Y Y Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2019 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2019

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

LUCAS, STEVEN S., , ,

Type or Print Name of Treasurer

Signature of Treasurer

LUCAS, STEVEN S., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y 01 / 31 / 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.

Office Use Only

FEC FORM 3X
Rev. 05/2016

**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="2019"/>		53332.55
(b) Cash on Hand at Beginning of Reporting Period.....	75381.26	
(c) Total Receipts (from Line 19)	24147.00	56204.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	99528.26	109536.55
7. Total Disbursements (from Line 31).....	0.00	10008.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	99528.26	99528.26
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	

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

FEC Form 3X (Rev. 05/2016)

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).....	24147.00	53414.00
(ii) Unitemized	0.00	290.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24147.00	53704.00
(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)	24147.00	53704.00
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	2500.00
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)).....▶	24147.00	56204.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24147.00	56204.00

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	8.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	8.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
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)) ..	0.00	10008.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	10008.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	24147.00	53704.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24147.00	53704.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	8.29
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	8.29

**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 51
	<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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt **07 / 05 / 2019**
Transaction ID : INCA21255
 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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt **07 / 19 / 2019**
Transaction ID : INCA21265
 Amount of Each Receipt this Period 38.00
 Memo Item

C. 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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt **08 / 02 / 2019**
Transaction ID : INCA21275
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
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 7 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. 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 ▼ 988.00

Date of Receipt **08 / 16 / 2019**
Transaction ID : INCA21285
 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 ▼ 988.00

Date of Receipt **08 / 30 / 2019**
Transaction ID : INCA21295
 Amount of Each Receipt this Period 38.00
 Memo Item

C. 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 ▼ 988.00

Date of Receipt **09 / 13 / 2019**
Transaction ID : INCA21305
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 114.00
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 8 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt **09 / 27 / 2019**
Transaction ID : INCA21320
 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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt **10 / 11 / 2019**
Transaction ID : INCA21330
 Amount of Each Receipt this Period 38.00
 Memo Item

C. 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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt **10 / 25 / 2019**
Transaction ID : INCA21340
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
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 51
	<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. 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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 11 / 08 / 2019
Transaction ID : INCA21350
 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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 11 / 22 / 2019
Transaction ID : INCA21360
 Amount of Each Receipt this Period 38.00
 Memo Item

C. 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 MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 12 / 06 / 2019
Transaction ID : INCA21370
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
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 10 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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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 ▼ 988.00

Date of Receipt **12 / 20 / 2019**
Transaction ID : INCA21380
 Amount of Each Receipt this Period 38.00
 Memo Item

B. FERTITTA IV, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10801 W CHARLESTON BLVD, SUITE 600
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATION CASINOS Occupation (for Individual) VP OF OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 01 / 2019**
Transaction ID : INCA21245
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. FERTITTA JR., LORENZO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 379045
 City Las Vegas State NV Zip Code 89137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA CAPITAL Occupation (for Individual) ANALYST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 01 / 2019**
Transaction ID : INCA21246
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10038.00
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 11 OF 51
	<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	<input type="checkbox"/> 18

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

A. FERTITTA, KELLEY ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 379045

City Las Vegas	State NV	Zip Code 89137
-------------------	-------------	-------------------

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

Name of Employer (for Individual) STATION CASINOS	Occupation (for Individual) VP OF MARKETING & GUEST EXPER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2019

Transaction ID : INCA21244

Amount of Each Receipt this Period
5000.00

Memo Item

B. FERTITTA, NICCO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10801 W CHARLESTON BLVD, SUITE 600

City Las Vegas	State NV	Zip Code 89135
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2019

Transaction ID : INCA21247

Amount of Each Receipt this Period
5000.00

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
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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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2019

Transaction ID : INCA21248

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10020.00
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 12 OF 51
	<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. 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 ▼ 520.00

Date of Receipt **07 / 19 / 2019**
Transaction ID : INCA21258
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 520.00

Date of Receipt **08 / 02 / 2019**
Transaction ID : INCA21268
 Amount of Each Receipt this Period 20.00
 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 ▼ 520.00

Date of Receipt **08 / 16 / 2019**
Transaction ID : INCA21278
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 13 OF 51
	<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. 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 ▼ 520.00

Date of Receipt **08 / 30 / 2019**
Transaction ID : INCA21288
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 520.00

Date of Receipt **09 / 13 / 2019**
Transaction ID : INCA21298
 Amount of Each Receipt this Period 20.00
 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 ▼ 520.00

Date of Receipt **09 / 27 / 2019**
Transaction ID : INCA21313
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 14 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. 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 ▼ 520.00

Date of Receipt 10 / 11 / 2019
Transaction ID : INCA21323
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 520.00

Date of Receipt 10 / 25 / 2019
Transaction ID : INCA21333
 Amount of Each Receipt this Period 20.00
 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 ▼ 520.00

Date of Receipt 11 / 08 / 2019
Transaction ID : INCA21343
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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 15 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2019

Transaction ID : INCA21353

Amount of Each Receipt this Period
20.00

Memo Item

B. 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
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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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2019

Transaction ID : INCA21363

Amount of Each Receipt this Period
20.00

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2019

Transaction ID : INCA21373

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 16 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2019

Transaction ID : INCA21249

Amount of Each Receipt this Period
96.00

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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2019

Transaction ID : INCA21259

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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2019

Transaction ID : INCA21269

Amount of Each Receipt this Period
96.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	288.00
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 17 OF 51
	<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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2019
Transaction ID : INCA21279

Amount of Each Receipt this Period
 96.00

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2019
Transaction ID : INCA21289

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2496.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2019
Transaction ID : INCA21299

Amount of Each Receipt this Period
 96.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	288.00
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 18 OF 51
	<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. 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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2019

Transaction ID : INCA21314

Amount of Each Receipt this Period
 96.00

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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2019

Transaction ID : INCA21324

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
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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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2019

Transaction ID : INCA21334

Amount of Each Receipt this Period
 96.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.00
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 19 OF 51
	<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. 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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2019

Transaction ID : INCA21344

Amount of Each Receipt this Period
96.00

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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2019

Transaction ID : INCA21354

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 ▼
2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2019

Transaction ID : INCA21364

Amount of Each Receipt this Period
96.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.00
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 20 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. 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 ▼ 2496.00

Date of Receipt **12 / 20 / 2019**
Transaction ID : INCA21374
 Amount of Each Receipt this Period 96.00
 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 ▼ 650.00

Date of Receipt **07 / 05 / 2019**
Transaction ID : INCA21254
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 650.00

Date of Receipt **07 / 19 / 2019**
Transaction ID : INCA21264
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	146.00
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 21 OF 51
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MC GONIGLE, CHRISTOPHER, , ,		Date of Receipt
Mailing Address 210 PRETTY SUNSET TERRACE		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2019"/>
City HENDERSON	State NV	Zip Code 89105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA21274
Name of Employer (for Individual) BOULDER STATION		Occupation (for Individual) EXECUTIVE CHEF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MC GONIGLE, CHRISTOPHER, , ,		Date of Receipt
Mailing Address 210 PRETTY SUNSET TERRACE		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2019"/>
City HENDERSON	State NV	Zip Code 89105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA21284
Name of Employer (for Individual) BOULDER STATION		Occupation (for Individual) EXECUTIVE CHEF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MC GONIGLE, CHRISTOPHER, , ,		Date of Receipt
Mailing Address 210 PRETTY SUNSET TERRACE		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City HENDERSON	State NV	Zip Code 89105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA21294
Name of Employer (for Individual) BOULDER STATION		Occupation (for Individual) EXECUTIVE CHEF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 22 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. 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 ▼ 650.00

Date of Receipt 09 / 13 / 2019
Transaction ID : INCA21303
 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 ▼ 650.00

Date of Receipt 09 / 27 / 2019
Transaction ID : INCA21318
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 650.00

Date of Receipt 10 / 11 / 2019
Transaction ID : INCA21328
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 23 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. 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 ▼ 650.00

Date of Receipt **10 / 25 / 2019**
Transaction ID : INCA21338
 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 ▼ 650.00

Date of Receipt **11 / 08 / 2019**
Transaction ID : INCA21348
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 650.00

Date of Receipt **11 / 22 / 2019**
Transaction ID : INCA21358
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 24 OF 51
	<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. 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 ▼ 650.00

Date of Receipt 12 / 06 / 2019
Transaction ID : INCA21368
 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 ▼ 650.00

Date of Receipt 12 / 20 / 2019
Transaction ID : INCA21378
 Amount of Each Receipt this Period 25.00
 Memo Item

C. MCKINNEY, KRISTIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 ROYAL VISTA LANE
 City LAS VEGAS State NV Zip Code 89149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 05 / 2019
Transaction ID : INCA21256
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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 25 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCKINNEY, KRISTIE, , ,

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2019

Transaction ID : INCA21266

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2019

Transaction ID : INCA21276

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2019

Transaction ID : INCA21286

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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:	PAGE 26 OF 51
	(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"/> 12
		<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
MCKINNEY, KRISTIE, , ,

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : INCA21296

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

Transaction ID : INCA21306

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

Transaction ID : INCA21321

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 27 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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
MCKINNEY, KRISTIE, , ,

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : INCA21331

Amount of Each Receipt this Period

10.00

 Memo Item

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

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : INCA21341

Amount of Each Receipt this Period

10.00

 Memo Item

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

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2019

Transaction ID : INCA21351

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 28 OF 51
<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
MCKINNEY, KRISTIE, , ,

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

Transaction ID : INCA21361

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : INCA21371

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5508 ROYAL VISTA LANE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) DIRECTOR OF HOTEL OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : INCA21381

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 29 OF 51
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Date of Receipt
MM / DD / YYYY
07 / 05 / 2019
Transaction ID : INCA21257

Amount of Each Receipt this Period
20.00

Memo Item

B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Date of Receipt
MM / DD / YYYY
07 / 19 / 2019
Transaction ID : INCA21267

Amount of Each Receipt this Period
20.00

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 520.00	

Date of Receipt
MM / DD / YYYY
08 / 02 / 2019
Transaction ID : INCA21277

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 30 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 ▼
 520.00

Date of Receipt
 08 / 16 / 2019
Transaction ID : INCA21287

Amount of Each Receipt this Period
 20.00

Memo Item

B. 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 ▼
 520.00

Date of Receipt
 08 / 30 / 2019
Transaction ID : INCA21297

Amount of Each Receipt this Period
 20.00

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 ▼
 520.00

Date of Receipt
 09 / 13 / 2019
Transaction ID : INCA21307

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 31 OF 51
	<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 ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

Transaction ID : INCA21322

Amount of Each Receipt this Period
20.00

Memo Item

B. 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 ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : INCA21332

Amount of Each Receipt this Period
20.00

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 ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : INCA21342

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 32 OF 51
	<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 ▼
 520.00

Date of Receipt
 11 / 08 / 2019
Transaction ID : INCA21352

Amount of Each Receipt this Period
 20.00

Memo Item

B. 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 ▼
 520.00

Date of Receipt
 11 / 22 / 2019
Transaction ID : INCA21362

Amount of Each Receipt this Period
 20.00

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 ▼
 520.00

Date of Receipt
 12 / 06 / 2019
Transaction ID : INCA21372

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 33 OF 51
	<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. 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 ▼ 520.00

Date of Receipt **12 / 20 / 2019**
Transaction ID : INCA21382
 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 ▼ 650.00

Date of Receipt **07 / 05 / 2019**
Transaction ID : INCA21250
 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 ▼ 650.00

Date of Receipt **07 / 19 / 2019**
Transaction ID : INCA21260
 Amount of Each Receipt this Period 25.00
 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 34 OF 51
<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. 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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

Transaction ID : INCA21270

Amount of Each Receipt this Period
25.00

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

Transaction ID : INCA21280

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : INCA21290

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 35 OF 51
	<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
PEARSON, DAVID, , ,

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

Transaction ID : INCA21300

Amount of Each Receipt this Period
25.00

Memo Item

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

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

Transaction ID : INCA21315

Amount of Each Receipt this Period
25.00

Memo Item

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

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : INCA21325

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 36 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEARSON, DAVID, , ,

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2019

Transaction ID : INCA21335

Amount of Each Receipt this Period
25.00

Memo Item

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

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2019

Transaction ID : INCA21345

Amount of Each Receipt this Period
25.00

Memo Item

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

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

Transaction ID : INCA21355

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 37 OF 51
<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. 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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : INCA21365

Amount of Each Receipt this Period
25.00

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : INCA21375

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 914 WILD WEST DRIVE

City HENDERSON	State NV	Zip Code 89015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2019

Transaction ID : INCA21251

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 38 OF 51
	<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 HENDERSON	State NV	Zip Code 89015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2019

Transaction ID : INCA21261

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 HENDERSON	State NV	Zip Code 89015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

Transaction ID : INCA21271

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 914 WILD WEST DRIVE

City HENDERSON	State NV	Zip Code 89015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

Transaction ID : INCA21281

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 39 OF 51
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SCHLICHENMAYER, GINAMARIE K., , ,		Date of Receipt
Mailing Address 914 WILD WEST DRIVE		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City HENDERSON	State NV	Zip Code 89015
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA21291
Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO		Occupation (for Individual) DIRECTOR OF MARKETING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SCHLICHENMAYER, GINAMARIE K., , ,		Date of Receipt
Mailing Address 914 WILD WEST DRIVE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2019"/>
City HENDERSON	State NV	Zip Code 89015
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA21301
Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO		Occupation (for Individual) DIRECTOR OF MARKETING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SCHLICHENMAYER, GINAMARIE K., , ,		Date of Receipt
Mailing Address 914 WILD WEST DRIVE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2019"/>
City HENDERSON	State NV	Zip Code 89015
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA21316
Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO		Occupation (for Individual) DIRECTOR OF MARKETING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 40 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 HENDERSON	State NV	Zip Code 89015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : INCA21326

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 HENDERSON	State NV	Zip Code 89015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : INCA21336

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 914 WILD WEST DRIVE

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

Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO	Occupation (for Individual) DIRECTOR OF MARKETING
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2019

Transaction ID : INCA21346

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 41 OF 51
	<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. SCHLICHENMAYER, GINAMARIE K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 WILD WEST DRIVE
 City HENDERSON State NV Zip Code 89015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO Occupation (for Individual) DIRECTOR OF MARKETING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt **11 / 22 / 2019**
Transaction ID : INCA21356
 Amount of Each Receipt this Period 25.00
 Memo Item

B. SCHLICHENMAYER, GINAMARIE K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 WILD WEST DRIVE
 City HENDERSON State NV Zip Code 89015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO Occupation (for Individual) DIRECTOR OF MARKETING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt **12 / 06 / 2019**
Transaction ID : INCA21366
 Amount of Each Receipt this Period 25.00
 Memo Item

C. SCHLICHENMAYER, GINAMARIE K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 WILD WEST DRIVE
 City HENDERSON State NV Zip Code 89015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOULDER STATION HOTEL & CASINO Occupation (for Individual) DIRECTOR OF MARKETING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt **12 / 20 / 2019**
Transaction ID : INCA21376
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 42 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 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
 07 / 05 / 2019
Transaction ID : INCA21253
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 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
 07 / 19 / 2019
Transaction ID : INCA21263
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 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
 08 / 02 / 2019
Transaction ID : INCA21273
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 43 OF 51
	<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. STAGG, STACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 QUADRAL ST.

City LAS VEGAS	State NV	Zip Code 89129
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) ASSISTANT GENERAL MANAGER
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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
08		16		2019

Transaction ID : INCA21283

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 3930 QUADRAL ST.

City LAS VEGAS	State NV	Zip Code 89129
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) ASSISTANT GENERAL MANAGER
---	--

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
08		30		2019

Transaction ID : INCA21293

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 3930 QUADRAL ST.

City LAS VEGAS	State NV	Zip Code 89129
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA FE	Occupation (for Individual) ASSISTANT GENERAL MANAGER
---	--

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
09		13		2019

Transaction ID : INCA21304

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 44 OF 51
<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. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **09 / 27 / 2019**
Transaction ID : INCA21319
 Amount of Each Receipt this Period 20.00
 Memo Item

B. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **10 / 11 / 2019**
Transaction ID : INCA21329
 Amount of Each Receipt this Period 20.00
 Memo Item

C. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **10 / 25 / 2019**
Transaction ID : INCA21339
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 45 OF 51
<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. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 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
 11 / 08 / 2019
Transaction ID : INCA21349
 Amount of Each Receipt this Period 20.00
 Memo Item

B. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 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
 11 / 22 / 2019
Transaction ID : INCA21359
 Amount of Each Receipt this Period 20.00
 Memo Item

C. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 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
 12 / 06 / 2019
Transaction ID : INCA21369
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 46 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. STAGG, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 QUADRAL ST.
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANTA FE Occupation (for Individual) ASSISTANT GENERAL MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **12 / 20 / 2019**
Transaction ID : INCA21379
 Amount of Each Receipt this Period 20.00
 Memo Item

B. VON TOBEL, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4306 SANDCASTLE DR.
 City LAS VEGAS State NV Zip Code 89147
 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 ▼ 1040.00

Date of Receipt **07 / 05 / 2019**
Transaction ID : INCA21252
 Amount of Each Receipt this Period 40.00
 Memo Item

C. VON TOBEL, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4306 SANDCASTLE DR.
 City LAS VEGAS State NV Zip Code 89147
 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 ▼ 1040.00

Date of Receipt **07 / 19 / 2019**
Transaction ID : INCA21262
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 47 OF 51
	<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
VON TOBEL, JON, , ,

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

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

Name of Employer (for Individual) STATION CASINOS, LLC	Occupation (for Individual) DIR. OF PC DEVELOPMENT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

Transaction ID : INCA21272

Amount of Each Receipt this Period
40.00

Memo Item

B. 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
-------------------	-------------	-------------------

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

Transaction ID : INCA21282

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : INCA21292

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 48 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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
VON TOBEL, JON, , ,

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

Transaction ID : INCA21302

Amount of Each Receipt this Period
40.00

Memo Item

B. 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
-------------------	-------------	-------------------

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

Transaction ID : INCA21317

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : INCA21327

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 49 OF 51
<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
VON TOBEL, JON, , ,

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2019

Transaction ID : INCA21337

Amount of Each Receipt this Period
40.00

Memo Item

B. 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
-------------------	-------------	-------------------

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2019

Transaction ID : INCA21347

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 4306 SANDCASTLE DR.

City LAS VEGAS	State NV	Zip Code 89147
-------------------	-------------	-------------------

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

Transaction ID : INCA21357

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 50 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. 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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : INCA21367

Amount of Each Receipt this Period
40.00

Memo Item

B. 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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : INCA21377

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	24147.00

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. KEVIN MCCARTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
VOIDED CHECK - ORIGINALLY ISSUED 6/24/19

011
Category/
Type

Candidate Name
MCCARTHY, KEVIN, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement
MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number
C 000420935
Transaction ID : EXPB21311
Amount of Each Disbursement this Period
- 5000.00

Memo Item

B. KEVIN MCCARTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011
Category/
Type

Candidate Name
MCCARTHY, KEVIN, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)
State: CA District: 23

Date of Disbursement
MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number
C 000420935
Transaction ID : EXPB21312
Amount of Each Disbursement this Period
5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

0.00
0.00