

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Oct 22 12 04 PM '98

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

## 4. TYPE OF REPORT

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

### Monthly Report Due On:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period	09/01/98 through 09/30/98		
6. (a) Cash on Hand January 1, 19 98			\$31875.55
(b) Cash on Hand at Beginning of Reporting Period		\$13580.29	
(c) Total Receipts (from Line 1B)		\$1749.52	\$17496.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$15329.81	\$49371.97
7. Total Disbursements (from Line 3C)		\$2275.00	\$36317.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$13054.81	\$13054.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		0.00	

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

Type or Print Name of Treasurer  
STEVEN S. LUCAS, ASSISTANT TREASURER

Signature of Treasurer  


Date  
10/14/98

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

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FEC FORM 3X  
(Revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE STATION CASINOS, INC. POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 09/01/98 TO: 09/30/98		
I RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (Use Schedule A)	\$1736.84	\$18290.26	11(a)(i)	
ii. Unitemized	\$0.00	\$991.22	11(a)(ii)	
iii. Total (add i and ii)	\$1736.84	\$17281.50	11(a)(iii)	
b. Political Party Committees	\$0.00	\$0.00	11(b)	
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	11(c)	
d. Total Contributions (add a ii, b and c)	\$1736.84	\$17281.50	11(d)	
12. Transfers From Affiliated/Other Party Committees	\$0.00	\$0.00	12	
13. All Loans Received	\$0.00	\$0.00	13	
14. Loan Repayments Received	\$0.00	\$0.00	14	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$0.00	\$0.00	15	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$0.00	\$0.00	16	
17. Other Federal Receipts (Dividends, Interest, etc.)	\$12.68	\$214.92	17	
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00	18	
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$1749.52	\$17496.42	19	
20. Total Federal Receipts (subtract line 16 from line 19)	\$1749.52	\$17496.42	20	
<b>II. DISBURSEMENTS</b>				
21. Operating Expenditures:				
a. Shared Federal/Non Federal Activity (from Schedule H4)				
i. Federal Share	\$0.00	\$0.00	21(a)(i)	
ii. Non-Federal Share	\$0.00	\$0.00	21(a)(ii)	
b. Other Federal Operating Expenditures	\$0.00	\$94.04	21(b)	
c. Total Operating Expenditures (add a i, a ii, and b)	\$0.00	\$94.04	21(c)	
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00	22	
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$2000.00	\$34500.00	23	
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00	24	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441s(d)) (use Schedule F)	\$0.00	\$0.00	25	
26. Loan Repayments Made	\$0.00	\$0.00	26	
27. Loans Made	\$0.00	\$0.00	27	
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees	\$0.00	\$673.12	28(a)	
b. Political Party Committees	\$0.00	\$0.00	28(b)	
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	28(c)	
d. Total Contribution Refunds (add a, b and c)	\$0.00	\$673.12	28(d)	
29. Other Disbursements	\$275.00	\$50.00	29	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$2275.00	\$36317.16	30	
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$2275.00	\$36317.16	31	
<b>III. Net Contributions/Operating Expenditures</b>				
32. Total Contributions (other than loans)(from line 11d)	\$1736.84	\$17281.50	32	
33. Total Contribution Refunds (from line 28d)	\$0.00	\$673.12	33	
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$1736.84	\$16608.38	34	
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$0.00	\$94.04	35	
36. Offsets to Operating Expenditures (from line 15)	\$0.00	\$0.00	36	
37. Net Operating Expenditures (subtract line 36 from 35)	\$0.00	\$94.04	37	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WESLEY ALLISON 2304 SAPPHIRE VALLEY STREET Las Vegas, NV 89128-	STATION CASINOS, INC. Occupation DIRECTOR OF FINANCE	09/30/98	\$76.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$769.20	
ROD ARMIAN 9241 PITCHING WEDGE DRIVE LAS VEGAS, NV 89134-	STATION CASINOS, INC. Occupation DIR/FINANCIAL SERVICES	09/30/98	\$190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$1900.00	
GLENN C. CHRISTENSON 2346 VILLANDRY COURT HENDERSON, NV 89014-	STATION CASINOS, INC. Occupation PRES., CHf. FINANCIAL OFF.	09/30/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$2200.00	
LEE EVANS 2411 W. SAHARA AVENUE Las Vegas, NV 89102-	STATION CASINOS, INC. Occupation DIRECTOR OF PURCHASING	09/30/98	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$500.00	
JANICE HERTIG 3452 WHITE MISSION DRIVE Las Vegas, NV 89102-	STATION CASINOS INC Occupation CORPORATE ACCOUNTING MGR.	09/30/98	\$38.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$380.00	
JAMES HUGHES 7425 SILVER PALM AVENUE LAS VEGAS, NV 89117	SUNSET STATION Occupation V. P. GENERAL MANAGER	09/30/98	\$192.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$1346.06	
KEVIN KELLEY 17 VINGAGE COURT Las Vegas, NV 89113-	STATION CASINOS, INC. Occupation V. P./GENERAL MANAGER	09/30/98	\$185.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$2590.00	

SUBTOTAL of Receipts This Page (optional)	\$1132.22
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and Zip Code SCOTT NIELSON 6932 EMERALD SPRINGS LAS VEGAS, NV 89119-	Name of Employer STATION CASINOS, INC. Occupation VP/GAMING DEVELOPMENT	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period \$384.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date -> \$3846.20		
Full Name, Mailing Address and Zip Code WILLIAM WARNER 8504 ESTRELITA DRIVE LAS VEGAS, NV 89128	Name of Employer STATION CASINOS, INC. Occupation DIRECTOR OF FINANCE	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date -> \$2000.00		
Full Name, Mailing Address and Zip Code CLARK A. WOOD 8504 ESTRELITA Las Vegas, NV 89128-	Name of Employer STATION CASINOS, INC. Occupation V.P. FINANCE	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date -> \$380.00		
Full Name, Mailing Address and Zip Code , ,	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
Full Name, Mailing Address and Zip Code , ,	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
Full Name, Mailing Address and Zip Code , ,	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
Full Name, Mailing Address and Zip Code , ,	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$604.62
TOTAL This Period (last page this line number only)	\$1736.84

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BANK OF MARIIN 50 MADERA BOULEVARD CORTE MADERA, CA 94025-	Interest Earned	09/30/98	\$12.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OTHER	Occupation	Aggregate Year-to-Date ->	\$214.92
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$12.68
<b>TOTAL</b> This Period (last page this line number only)	\$12.68

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BERKLEY FOR CONGRESS COMMITTEE  7432 SILVER PALM COURT  Las Vegas, NV 89117-	SHELLEY BERKLEY, US CONGRESS; STATE: NV; DIST. 1  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/14/98	\$2000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$2000.00
<b>TOTAL</b> This Period (last page this line number only)	\$2000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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


Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR LEONARD HYMAN  1146 CANTINA DRIVE  Saint Louis, MO 63143-	LEONARD HYMAN, ASSEMBLY; STATE: MO; DIST. 86  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/22/98	\$275.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

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

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10/19/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10/22/98 DATE PREPARED