

**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="2017"/>	<input type="text" value="2339.13"/>	<input type="text" value="2339.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16191.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8251.88"/>	<input type="text" value="26579.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24443.41"/>	<input type="text" value="28918.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20098.49"/>	<input type="text" value="24573.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4344.92"/>	<input type="text" value="4344.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

RED ROCK RESORTS, INC. PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8251.88	26363.76
(ii) Unitemized	0.00	216.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8251.88	26579.76
(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)	8251.88	26579.76
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8251.88	26579.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8251.88	26579.76

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	81.25	4556.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	81.25	4556.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
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).....	17.24	17.24
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)) ..	20098.49	24573.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20098.49	24573.97

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)	8251.88	26579.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8251.88	26579.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	81.25	4556.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	81.25	4556.73

**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 71
	<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

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 / 07 / 2017**
Transaction ID : INCA20524
 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 / 21 / 2017**
Transaction ID : INCA20554
 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 / 04 / 2017**
Transaction ID : INCA20540
 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 71
	<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 **08 / 18 / 2017**
Transaction ID : INCA20570
 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 **09 / 01 / 2017**
Transaction ID : INCA20584
 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 **09 / 15 / 2017**
Transaction ID : INCA20598
 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 71
<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 **09 / 29 / 2017**
Transaction ID : INCA20613
 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 / 13 / 2017**
Transaction ID : INCA20627
 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 / 27 / 2017**
Transaction ID : INCA20642
 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 71
	<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 / 10 / 2017
Transaction ID : INCA20671
 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 / 24 / 2017
Transaction ID : INCA20657
 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 / 08 / 2017
Transaction ID : INCA20688
 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 71
	<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"/>	<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 / 22 / 2017**
Transaction ID : INCA20702
 Amount of Each Receipt this Period 38.00
 Memo Item

B. HASKINS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 CANYON GREEN DR
 City LAS VEGAS State NV Zip Code 89144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) VICE PRESIDENT AND GENERAL CC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt **07 / 07 / 2017**
Transaction ID : INCA20511
 Amount of Each Receipt this Period 192.30
 Memo Item

C. HASKINS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 CANYON GREEN DR
 City LAS VEGAS State NV Zip Code 89144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) VICE PRESIDENT AND GENERAL COI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt **07 / 21 / 2017**
Transaction ID : INCA20541
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	422.60
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 71
	<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"/>	<input type="checkbox"/> 17

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

A. HASKINS, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

Transaction ID : INCA20527

Amount of Each Receipt this Period

192.30

 Memo Item

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

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : INCA20557

Amount of Each Receipt this Period

192.30

 Memo Item

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

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL COI
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : INCA20571

Amount of Each Receipt this Period

192.30

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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 71
<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
HASKINS, RICHARD, , ,

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : INCA20585

Amount of Each Receipt this Period
192.30

Memo Item

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

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : INCA20600

Amount of Each Receipt this Period
192.30

Memo Item

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

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

Transaction ID : INCA20614

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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 71
<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
HASKINS, RICHARD, , ,

Mailing Address **517 CANYON GREEN DR**

City LAS VEGAS	State NV	Zip Code 89144
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt
10 / 27 / 2017

Transaction ID : INCA20629

Amount of Each Receipt this Period
192.30

Memo Item

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

Mailing Address **517 CANYON GREEN DR**

City LAS VEGAS	State NV	Zip Code 89144
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CC
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt
11 / 10 / 2017

Transaction ID : INCA20660

Amount of Each Receipt this Period
192.30

Memo Item

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

Mailing Address **517 CANYON GREEN DR**

City LAS VEGAS	State NV	Zip Code 89144
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL COI
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4999.80

Date of Receipt
11 / 24 / 2017

Transaction ID : INCA20646

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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 71
	<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"/>	<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. HASKINS, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : INCA20677

Amount of Each Receipt this Period
192.30

Memo Item

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

Mailing Address 517 CANYON GREEN DR

City LAS VEGAS	State NV	Zip Code 89144
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) VICE PRESIDENT AND GENERAL CC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

Transaction ID : INCA20691

Amount of Each Receipt this Period
192.30

Memo Item

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

Mailing Address 10021 RANCH HAND AVE.

City LAS VEGAS	State NV	Zip Code 89117
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) CORPORATE COUNSEL
---	--

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
07		07		2017

Transaction ID : INCA20514

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	424.60
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 71
<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. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **07 / 21 / 2017**
Transaction ID : INCA20544
 Amount of Each Receipt this Period 40.00
 Memo Item

B. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **08 / 04 / 2017**
Transaction ID : INCA20530
 Amount of Each Receipt this Period 40.00
 Memo Item

C. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **08 / 18 / 2017**
Transaction ID : INCA20560
 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 16 OF 71
	<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. HEINHOLD, MATTHEW, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10021 RANCH HAND AVE.

City LAS VEGAS	State NV	Zip Code 89117
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) CORPORATE COUNSEL
---	--

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		01		2017

Transaction ID : INCA20574

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 10021 RANCH HAND AVE.

City LAS VEGAS	State NV	Zip Code 89117
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) CORPORATE COUNSEL
---	--

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		15		2017

Transaction ID : INCA20588

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 10021 RANCH HAND AVE.

City LAS VEGAS	State NV	Zip Code 89117
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC	Occupation (for Individual) CORPORATE COUNSEL
---	--

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		29		2017

Transaction ID : INCA20603

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 17 OF 71
	<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. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 10 / 13 / 2017
Transaction ID : INCA20615
 Amount of Each Receipt this Period 40.00
 Memo Item

B. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA20630
 Amount of Each Receipt this Period 40.00
 Memo Item

C. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 11 / 10 / 2017
Transaction ID : INCA20661
 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 18 OF 71
	<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. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **11 / 24 / 2017**
Transaction ID : INCA20647
 Amount of Each Receipt this Period 40.00
 Memo Item

B. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **12 / 08 / 2017**
Transaction ID : INCA20678
 Amount of Each Receipt this Period 40.00
 Memo Item

C. HEINHOLD, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10021 RANCH HAND AVE.
 City LAS VEGAS State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FERTITTA ENTERTAINMENT LLC Occupation (for Individual) CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **12 / 22 / 2017**
Transaction ID : INCA20692
 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 19 OF 71
	<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 07 / 07 / 2017
Transaction ID : INCA20517
 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 07 / 21 / 2017
Transaction ID : INCA20547
 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 / 04 / 2017
Transaction ID : INCA20533
 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 20 OF 71
	<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

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : INCA20563

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

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : INCA20577

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
09		15		2017

Transaction ID : INCA20591

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 21 OF 71
	<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

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : INCA20606

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

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

Transaction ID : INCA20616

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
10		27		2017

Transaction ID : INCA20631

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 22 OF 71
	<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 11 / 10 / 2017
Transaction ID : INCA20662
 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 11 / 24 / 2017
Transaction ID : INCA20648
 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 12 / 08 / 2017
Transaction ID : INCA20679
 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 23 OF 71
	<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 ▼
20.00

Date of Receipt: **MM / DD / YYYY**
12 / 22 / 2017
Transaction ID : INCA20693

Amount of Each Receipt this Period
20.00

Memo Item

B. MANTERIS, ARTHUR N., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 HALLET COVE COURT

City BOULDER CITY	State NV	Zip Code 89005
----------------------	-------------	-------------------

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

Name of Employer (for Individual) STATION CASINOS LLC	Occupation (for Individual) VP RACE & SPORTS OPERATIONS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt: **MM / DD / YYYY**
07 / 07 / 2017
Transaction ID : INCA20515

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: **MM / DD / YYYY**
07 / 21 / 2017
Transaction ID : INCA20545

Amount of Each Receipt this Period
96.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
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 71
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MANTERIS, ARTHUR N., , ,

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 / 04 / 2017

Transaction ID : INCA20531

Amount of Each Receipt this Period
96.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MANTERIS, ARTHUR N., , ,

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 / 18 / 2017

Transaction ID : INCA20561

Amount of Each Receipt this Period
96.00

Memo Item

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

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 / 01 / 2017

Transaction ID : INCA20575

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 25 OF 71
	<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 09 / 15 / 2017
Transaction ID : INCA20589
 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 09 / 29 / 2017
Transaction ID : INCA20604
 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 10 / 13 / 2017
Transaction ID : INCA20617
 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 26 OF 71
	<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 **10 / 27 / 2017**
Transaction ID : INCA20632
 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 **11 / 10 / 2017**
Transaction ID : INCA20663
 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 **11 / 24 / 2017**
Transaction ID : INCA20649
 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 27 OF 71
	<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
MANTERIS, ARTHUR N., , ,

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		08		2017

Transaction ID : INCA20680

Amount of Each Receipt this Period
96.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MANTERIS, ARTHUR N., , ,

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		22		2017

Transaction ID : INCA20694

Amount of Each Receipt this Period
96.00

Memo Item

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2017

Transaction ID : INCA20520

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	217.00
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 71
	<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 **07 / 21 / 2017**
Transaction ID : INCA20550
 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 **08 / 04 / 2017**
Transaction ID : INCA20536
 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 **08 / 18 / 2017**
Transaction ID : INCA20566
 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 29 OF 71
	<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 / 01 / 2017
Transaction ID : INCA20580
 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 / 15 / 2017
Transaction ID : INCA20594
 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 09 / 29 / 2017
Transaction ID : INCA20609
 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 30 OF 71
	<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 10 / 13 / 2017
Transaction ID : INCA20623
 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 10 / 27 / 2017
Transaction ID : INCA20638
 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 / 10 / 2017
Transaction ID : INCA20669
 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 31 OF 71
	<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 11 / 24 / 2017
Transaction ID : INCA20655
 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 / 08 / 2017
Transaction ID : INCA20686
 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 12 / 22 / 2017
Transaction ID : INCA20700
 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 32 OF 71
<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
07	/	07	/	2017

Transaction ID : INCA20522

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
07	/	21	/	2017

Transaction ID : INCA20552

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	/	04	/	2017

Transaction ID : INCA20538

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 33 OF 71
	<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
MM / DD / YYYY
08 / 18 / 2017

Transaction ID : INCA20568

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
MM / DD / YYYY
09 / 01 / 2017

Transaction ID : INCA20582

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
MM / DD / YYYY
09 / 15 / 2017

Transaction ID : INCA20596

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 34 OF 71
<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
09		29		2017

Transaction ID : INCA20611

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		13		2017

Transaction ID : INCA20625

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
10		27		2017

Transaction ID : INCA20640

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 35 OF 71
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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. 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	/	10	/	2017

Transaction ID : INCA20672

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
11	/	24	/	2017

Transaction ID : INCA20658

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
12	/	08	/	2017

Transaction ID : INCA20689

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 36 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 **12 / 22 / 2017**
Transaction ID : INCA20703
 Amount of Each Receipt this Period 10.00
 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 **07 / 07 / 2017**
Transaction ID : INCA20523
 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 **07 / 21 / 2017**
Transaction ID : INCA20553
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 50.00
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 71
	<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
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2017

Transaction ID : INCA20539

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
 08 / 18 / 2017

Transaction ID : INCA20569

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
 09 / 01 / 2017

Transaction ID : INCA20583

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 38 OF 71
<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	/	15	/	2017

Transaction ID : INCA20597

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
09	/	29	/	2017

Transaction ID : INCA20612

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	/	13	/	2017

Transaction ID : INCA20626

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 39 OF 71
<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
 10 / 27 / 2017

Transaction ID : INCA20641

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
 11 / 10 / 2017

Transaction ID : INCA20673

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
 11 / 24 / 2017

Transaction ID : INCA20659

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 40 OF 71
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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:
 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 / 08 / 2017

Transaction ID : INCA20690

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
 12 / 22 / 2017

Transaction ID : INCA20704

Amount of Each Receipt this Period
 20.00

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
 07 / 07 / 2017

Transaction ID : INCA20513

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 71
	<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
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
07		21		2017

Transaction ID : INCA20543

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
08		04		2017

Transaction ID : INCA20529

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
08		18		2017

Transaction ID : INCA20559

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 71
	<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
PEARSON, DAVID, , ,

Mailing Address 9281 SILVER ARROW CT.

City LAS VEGAS	State NV	Zip Code 89117
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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 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		01		2017

Transaction ID : INCA20573

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		15		2017

Transaction ID : INCA20587

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
09		29		2017

Transaction ID : INCA20602

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 43 OF 71
	<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. 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
10		13		2017

Transaction ID : INCA20618

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
10		27		2017

Transaction ID : INCA20633

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
11		10		2017

Transaction ID : INCA20664

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 44 OF 71
<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. 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	/	24	/	2017

Transaction ID : INCA20650

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
12	/	08	/	2017

Transaction ID : INCA20681

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
12	/	22	/	2017

Transaction ID : INCA20695

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 45 OF 71
<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	/	07	/	2017

Transaction ID : INCA20516

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
07	/	21	/	2017

Transaction ID : INCA20546

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	/	04	/	2017

Transaction ID : INCA20532

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 46 OF 71
	<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. 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		18		2017

Transaction ID : INCA20562

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
09		01		2017

Transaction ID : INCA20576

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
09		15		2017

Transaction ID : INCA20590

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 47 OF 71
	<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
09		29		2017

Transaction ID : INCA20605

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		13		2017

Transaction ID : INCA20619

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
10		27		2017

Transaction ID : INCA20634

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 48 OF 71
	<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	/	D D	/	Y Y Y Y
11		10		2017

Transaction ID : INCA20665

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	/	D D	/	Y Y Y Y
11		24		2017

Transaction ID : INCA20651

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	/	D D	/	Y Y Y Y
12		08		2017

Transaction ID : INCA20682

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 49 OF 71
	<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. 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 / 22 / 2017**
Transaction ID : INCA20696
 Amount of Each Receipt this Period 25.00
 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 **07 / 07 / 2017**
Transaction ID : INCA20521
 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 **07 / 21 / 2017**
Transaction ID : INCA20551
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 71
	<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. 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		04		2017

Transaction ID : INCA20537

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		18		2017

Transaction ID : INCA20567

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		01		2017

Transaction ID : INCA20581

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 51 OF 71
<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 / 15 / 2017
Transaction ID : INCA20595
 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 09 / 29 / 2017
Transaction ID : INCA20610
 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 / 13 / 2017
Transaction ID : INCA20624
 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 52 OF 71
	<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
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017
Transaction ID : INCA20639
 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 / 10 / 2017
Transaction ID : INCA20670
 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
 11 / 24 / 2017
Transaction ID : INCA20656
 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 53 OF 71
<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
---	--

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	/	08	/	2017

Transaction ID : INCA20687

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
12	/	22	/	2017

Transaction ID : INCA20701

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : INCA20519

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
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 54 OF 71
	<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"/>	<input type="checkbox"/> 17

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

A. VIDMAR, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

Transaction ID : INCA20549

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

Transaction ID : INCA20535

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : INCA20565

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
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 55 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. VIDMAR, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : INCA20579

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : INCA20593

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : INCA20608

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 56 OF 71
	<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. VIDMAR, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

Transaction ID : INCA20620

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

Transaction ID : INCA20635

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 1828 TAOS ESTATES ST.

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RED ROCK	Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : INCA20666

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
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 57 OF 71
	<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. VIDMAR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1828 TAOS ESTATES ST.
 City LAS VEGAS State NV Zip Code 89128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RED ROCK Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 11 / 24 / 2017
Transaction ID : INCA20652
 Amount of Each Receipt this Period 45.00
 Memo Item

B. VIDMAR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1828 TAOS ESTATES ST.
 City LAS VEGAS State NV Zip Code 89128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RED ROCK Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 12 / 08 / 2017
Transaction ID : INCA20683
 Amount of Each Receipt this Period 45.00
 Memo Item

C. VIDMAR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1828 TAOS ESTATES ST.
 City LAS VEGAS State NV Zip Code 89128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RED ROCK Occupation (for Individual) DIR. OF GAMING DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 12 / 22 / 2017
Transaction ID : INCA20697
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
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 58 OF 71
<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
07		07		2017

Transaction ID : INCA20518

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
07		21		2017

Transaction ID : INCA20548

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		04		2017

Transaction ID : INCA20534

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 59 OF 71
<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : INCA20564

Amount of Each Receipt this Period
40.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : INCA20578

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

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : INCA20592

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 60 OF 71
	<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : INCA20607

Amount of Each Receipt this Period
40.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

Transaction ID : INCA20621

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

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

Transaction ID : INCA20636

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 61 OF 71
<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : INCA20667

Amount of Each Receipt this Period
40.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2017

Transaction ID : INCA20653

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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : INCA20684

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 62 OF 71
	<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

Transaction ID : INCA20698

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 8955 W. CHEROKEE LN

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) DIRECTOR OF CREATIVE SERVICES
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : INCA20512

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8955 W. CHEROKEE LN

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) DIRECTOR OF CREATIVE SERVICES
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

Transaction ID : INCA20542

Amount of Each Receipt this Period
38.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....	116.92
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 63 OF 71
	<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. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **08 / 04 / 2017**
Transaction ID : INCA20528
 Amount of Each Receipt this Period 38.46
 Memo Item

B. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **08 / 18 / 2017**
Transaction ID : INCA20558
 Amount of Each Receipt this Period 38.46
 Memo Item

C. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **09 / 01 / 2017**
Transaction ID : INCA20572
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
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 64 OF 71
	<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. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 09 / 15 / 2017
Transaction ID : INCA20586
 Amount of Each Receipt this Period 38.46
 Memo Item

B. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 09 / 29 / 2017
Transaction ID : INCA20601
 Amount of Each Receipt this Period 38.46
 Memo Item

C. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 10 / 13 / 2017
Transaction ID : INCA20622
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
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 65 OF 71
	<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. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **10 / 27 / 2017**
Transaction ID : INCA20637
 Amount of Each Receipt this Period 38.46
 Memo Item

B. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **11 / 10 / 2017**
Transaction ID : INCA20668
 Amount of Each Receipt this Period 38.46
 Memo Item

C. WOLSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8955 W. CHEROKEE LN
 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) DIRECTOR OF CREATIVE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **11 / 24 / 2017**
Transaction ID : INCA20654
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 66 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WOLSON, SCOTT, , ,

Mailing Address 8955 W. CHEROKEE LN

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) DIRECTOR OF CREATIVE SERVICES
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : INCA20685

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8955 W. CHEROKEE LN

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) DIRECTOR OF CREATIVE SERVICES
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

Transaction ID : INCA20699

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
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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).....	76.92
TOTAL This Period (last page this line number only).....	8251.88

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

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

Full Name (Last, First, Middle Initial) A. BANK OF MARIN		Date of Disbursement MM / DD / YYYY 07 / 12 / 2017
Mailing Address 50 MADERA BOULEVARD		FEC Identification Number C [REDACTED] Transaction ID : EXPB20526
City CORTE MADERA	State CA	Zip Code 94925
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 16.97	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BANK OF MARIN		Date of Disbursement MM / DD / YYYY 09 / 12 / 2017
Mailing Address 50 MADERA BOULEVARD		FEC Identification Number C [REDACTED] Transaction ID : EXPB20599
City CORTE MADERA	State CA	Zip Code 94925
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 16.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BANK OF MARIN		Date of Disbursement MM / DD / YYYY 10 / 12 / 2017
Mailing Address 50 MADERA BOULEVARD		FEC Identification Number C [REDACTED] Transaction ID : EXPB20628
City CORTE MADERA	State CA	Zip Code 94925
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 15.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

49.26

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

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

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

Full Name (Last, First, Middle Initial) A. BANK OF MARIN		Date of Disbursement MM / DD / YYYY 11 / 14 / 2017
Mailing Address 50 MADERA BOULEVARD		FEC Identification Number C [] Transaction ID : EXPB20645 Amount of Each Disbursement this Period [] 16.06
City CORTE MADERA	State CA	Zip Code 94925
Purpose of Disbursement BANK FEE		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. BANK OF MARIN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2017
Mailing Address 50 MADERA BOULEVARD		FEC Identification Number C [] Transaction ID : EXPB20705 Amount of Each Disbursement this Period [] 15.93
City CORTE MADERA	State CA	Zip Code 94925
Purpose of Disbursement BANK FEE		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 31.99
TOTAL This Period (last page this line number only).....▶	[] 81.25

**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. STAVROS ANTHONY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 750201

M M M	/	D D D	/	Y Y Y Y Y
09		21		2017

City Las Vegas State NV Zip Code 89136

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00649822

Transaction ID : EXPB20556

Amount of Each Disbursement this Period

2500.00

Candidate Name

ANTHONY, STAVROS, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NV District: 04

Memo Item

B. STAVROS ANTHONY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 750201

M M M	/	D D D	/	Y Y Y Y Y
11		20		2017

City Las Vegas State NV Zip Code 89136

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00649822

Transaction ID : EXPB20643

Amount of Each Disbursement this Period

2500.00

Candidate Name

ANTHONY, STAVROS, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NV District: 04

Memo Item

C. STAVROS ANTHONY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 750201

M M M	/	D D D	/	Y Y Y Y Y
11		20		2017

City Las Vegas State NV Zip Code 89136

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00649822

Transaction ID : EXPB20644

Amount of Each Disbursement this Period

2500.00

Candidate Name

ANTHONY, STAVROS, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NV District: 04

Memo Item

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

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

7500.00

20000.00

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

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

Full Name (Last, First, Middle Initial) A. BANK OF MARIN		Date of Disbursement MM / DD / YYYY 08 / 14 / 2017	
Mailing Address 50 MADERA BOULEVARD		FEC Identification Number C []	
City CORTE MADERA	State CA	Zip Code 94925	Transaction ID : EXPB20555
Purpose of Disbursement 001 BANK FEE		Category/ Type []	Amount of Each Disbursement this Period [] 17.24
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/ Type []	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/ Type []	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 17.24
TOTAL This Period (last page this line number only).....▶	[] 17.24