

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5  
STATION CASINOS, INC, PAC

ADDRESS (Home and street) (Check if address is changed) 2411 WEST SAHARA AVENUE  
LAS VEGAS NV 89012  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
SSCALLY@NMGVLAW.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 12 / 04 / 2003

3. FEC IDENTIFICATION NUMBER C C00263731

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer JANIS M. CRUM

Signature of Treasurer Electronically Filed by JANIS M. CRUM Date 12 / 05 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 5 columns for Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d) This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

STATION CASINOS, INC \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_ 2411 WEST SAHARA AVE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ LAS VEGAS \_\_\_\_\_ CA \_\_\_\_\_ 89102 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_ CONNECTED ORGANIZATION \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**STATION CASINOS, INC. PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name JANIS M CRUM

Mailing Address 591 REDWOOD HWY BUILDING #4000

MILL VALLEY CA 94941 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CST Telephone number 415 - 389 - 6800

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer GLEN C. CHRISTENSEN

Mailing Address 2411 WEST SAHARA AVE

LAS VEGAS NV 89102 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 800 - 544 - 2411

Full Name of Designated Agent JANIS M. CRUM

Mailing Address 591 REDWOOD HWY BUILDING #4000

MILL VALLEY CA 94941 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 415 - 389 - 6800

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF MARIN

Mailing Address

50 MADERA BLVD

CORTE MADERA

CA

94925

CITY Δ

STATE Δ

ZIP CODE Δ

