

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 SEP 21 P 12:33

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

4. TYPE OF REPORT


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

Monthly Report Due On:

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>08/01/2000</u> through <u>08/31/2000</u>		
6.	(a) Cash on Hand January 1, 2000		\$ 26768.19
	(b) Cash on Hand at Beginning of Reporting Period	\$ 18016.11	
	(c) Total Receipts (from Line 19)	\$ 1696.84	\$ 15673.04
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19712.95	\$ 42441.23
7.	Total Disbursements (from Line 30)	\$ 2000.00	\$ 20728.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 17712.95	\$ 17722.95
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10.	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer		Steven S. Lucas, Assistant Treasurer	
Signature of Treasurer		Date	
		9/20/00	

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE STATION CASINOS, INC. POLITICAL ACTION COMMITTEE	REPORT COVERING PERIOD FROM 08/01/2000 TO: 08/31/2000	
	COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
I. Itemized (use Schedule A)	1678.77	15184.83
II. Unitemized	0.00	346.00
III. Total (add I and II) >	1678.77	15530.83
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a I, b and c) >	1678.77	15530.83
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.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	18.07	142.21
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	1696.84	15673.04
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1696.84	15673.04
20. Total Federal Receipts (subtract line 16 from line 19) >		
II Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal (from Schedule H4)		
i. Federal Share	0.00	0.00
II. Non-Federal Share	0.00	28.28
b. Other Federal Operating Expenditures	0.00	28.28
c. Total Operating Expenditures (add a I, a II, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	2000.00	24500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0.00	200.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) >	0.00	200.00
29. Other Disbursements	2000.00	24728.28
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2000.00	24728.28
31. Total Federal Disbursements (subtract line 21 a II from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1678.77	15530.83
33. Total Contribution Refunds (from line 28d)	0.00	200.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	1678.77	15330.83
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	0.00	28.28
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	28.28

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)

STATION CASINOS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RODNEY S. ATAMIAN 9241 PITCHING WEDGE DRIVE LAS VEGAS, NV 89134-	STATION CASINOS, INC.	08/14/2000	\$190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIR./FINANCIAL SERVICES Aggregate Year-to-Date \$ 1710.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN C. CHRISTENSEN 2346 VILLANDRY COURT HENDERSON, NV 89014-	STATION CASINOS, INC.	08/14/2000	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation PRES., CH. FINANCIAL OFF. Aggregate Year-to-Date \$ 3400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANICE HERTIG 3452 WHITE MISSION DRIVE Las Vegas, NV 89102-	STATION CASINOS INC	08/14/2000	\$38.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation CORPORATE ACCOUNTING MGR. Aggregate Year-to-Date \$ 342.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HUGHES 7425 SILVER PALM AVENUE LAS VEGAS, NV 89117	SUNSET STATION	08/14/2000	\$96.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P. GENERAL MANAGER Aggregate Year-to-Date \$ 1442.25		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN KELLEY 17 VINGAGE COURT LAS VEGAS, NV 89113-	STATION CASINOS, INC.	08/14/2000	\$370.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation V.P./GENERAL MANAGER Aggregate Year-to-Date \$ 2775.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT K. NIELSON 6932 EMERALD SPRINGS LAS VEGAS, NV 89113-	STATION CASINOS, INC.	08/14/2000	\$384.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP/BANKING DEVELOPMENT Aggregate Year-to-Date \$ 3461.58		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM WARNER 8504 ESTRELLITA DRIVE LAS VEGAS, NV 89129	STATION CASINOS, INC.	08/14/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIRECTOR OF FINANCE Aggregate Year-to-Date \$ 1900.00		

SUBTOTAL of Receipts This Page (optional) 1678.77

TOTAL This Period (last page this line number only) 1678.77

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

STATION CASINOS, INC. POLITICAL ACTION COMMITTEE

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LoBIONDO FOR CONGRESS P.O. BOX 550 VINELAND, NJ 08260	FRANK LOBIONDO MEMBER OF CONGRESS; STATE: NJ; Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	DIST. 2 09/07/2000	\$1,000.00
B. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WELER FOR CONGRESS PO BOX 15283 WASHINGTON, DC 20003	JERRY WELER; MEMBER OF CONGRESS; STATE: IL; Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	DIST. 11 06/07/2000	\$1,000.00
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	2000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>9-21-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>9-21-00</i> DATE PREPARED