

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Ofc. Use Only

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

MANDALAY RESORT GROUP POLITICAL ACTION COMMITTEE

ADDRESS (Home or street)

3950 LAS VEGAS BLVD. S.

(Check if address is changed)

LAS VEGAS

NV

89119

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sscally@nmgovlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 05 / 12 / 2005

3. FEC IDENTIFICATION NUMBER C C00218289

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 STEVEN S. LUCAS

Signature of Treasurer Electronically Filed by STEVEN S. LUCAS Date 05 / 13 / 2005

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

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

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 Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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

MANDALAY RESORT GROUP _____

Mailing Address _____ 3950 LAS VEGAS BLVD. SOUTH _____

_____ LAS VEGAS _____ NV _____ 89119 - _____

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

MANDALAY RESORT GROUP POLITICAL ACTION COMMITTEE

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 STEVEN S. LUCAS

Mailing Address 591 REDWOOD HIGHWAY, BUILDING 4000

MILL VALLEY CA 94941 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian of Records Telephone number - -

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 MIKE H. SLOAN

Mailing Address 3950 LAS VEGAS BLVD. SOUTH

LAS VEGAS NV 89119 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number - -

Full Name of Designated Agent STEVEN S. LUCAS

Mailing Address 591 REDWOOD HIGHWAY, BUILDING 4000

MILL VALLEY CA 94941 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number - -

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

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.

[ADDITIONAL]

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name VIGO G. NIELSEN, JR.

Mailing Address 591 REDWOOD HIGHWAY, BUILDING 4000

MILL VALLEY

CA

94941

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Assistant Treasurer

Telephone number - -

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

MGM MIRAGE PAC

Mailing Address

591 REDWOOD HIGHWAY, BUILDING 4000

MILL VALLEY

CA

94941

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED COMMITTEE

Type of Connected Organization:

X Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

METRO-GOLDWYN-MAYER POLITICAL ACTION COMMITTEE

Mailing Address

3799 LAS VEGAS BLVD. SOUTH

LAS VEGAS

NV

89109

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED COMMITTEE

Type of Connected Organization:

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

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____
