

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Station Casinos, Inc.

Name (print) Station Casinos, Inc. Office (if applicable) 1505 S. Pavilion Center Drive, Las Vegas, NV 89135 District (if applicable) \_\_\_\_\_  
 Mailing Address (include city and zip code) 1505 S. Pavilion Center Drive, Las Vegas, NV 89135 Telephone No. 702-495-3000 26580  
 E-Mail Address slucas@nmgovlaw.com

Select Appropriate Box(es)  CANDIDATE  PAC  POL PRY  IND EXP  NONPROFIT CORP  
 LEGAL DEFENSE FUND  AMENDED  LOCAL BAG

- Annual Filing - Due January 15, 2010**  
Period: January 1, 2009 – December 31, 2009
- Report #1 — Due June 1, 2010\***  
Period: Jan. 1, 2010 — May 27, 2010
- Report #2 Due — October 26, 2010\***  
Period: May 28, 2010 — Oct. 21, 2010
- Report #3 Due — January 15, 2011\*\***  
Period: Oct. 22, 2010 — Dec. 31, 2010
- Annual Filing – Due January 15, 2011**  
Period: January 1, 2010 – December 31, 2010

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**FILED**  
 JAN 12 2011  
*K. Rut*  
 SECRETARY OF STATE  
 ELECTIONS DIVISION  
 FOR OFFICE USE ONLY

\* These Reports are filed by incumbents/candidates in the 2010 election cycle  
 \*\* Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

**CONTRIBUTIONS SUMMARY**

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)	\$0.00	\$0.00
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	\$0.00	\$0.00
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	\$0.00	\$0.00
	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	\$0.00	\$0.00
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	\$0.00	\$0.00
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	\$0.00	\$0.00

**EXPENSES SUMMARY**

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	\$13,585.00	\$13,585.00
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	\$0.00	\$0.00

**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

  
 \_\_\_\_\_  
 Signature

1/11/2011  
 \_\_\_\_\_  
 Date





**Station Casinos, Inc.**

Name (print)

Office (if applicable)

District (if applicable)

**Expense Categories**

<b>CATEGORIES</b>	<b>CODE</b>
Office expenses	<b>A</b>
Expenses related to volunteers	<b>B</b>
Expenses related to travel	<b>C</b>
Expenses related to advertising	<b>D</b>
Expenses related to paid staff	<b>E</b>
Expenses related to consultants	<b>F</b>
Expenses related to polling	<b>G</b>
Expenses related to special events	<b>H</b>
** Goods and services provided in kind for which money would otherwise have been paid	<b>I</b>
Other miscellaneous expenses	<b>J</b>

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**





**IN KIND  
WRITTEN COMMITMENTS**

Report Period #2

Station Casinos, Inc.

Name (print)

Office (if applicable)

District (if applicable)

**In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100  
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
None		\$0.00

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