

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Station Casinos, Inc.

Name (print) 1505 S. Pavilion Center Drive, Las Vegas, NV 89135 Office (if applicable) _____ District (if applicable) _____

Mailing Address (include city and zip code)
slucas@nmgovlaw.com

Telephone No.
702-495-3000

E-Mail Address

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

25090
25267

- 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

FILED
OCT 22 2010
K. Ryt -
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
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

10/21/2010
Date

Station Casinos, Inc.

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

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

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

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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