



ROSS MILLER
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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KRut
10/09/2014

Office of the
Secretary of State
[Signature]
Ross Miller
Elections Division

2435

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- New Registration
- PAC (Advocating Passage or Defeat of a Ballot Question)
- Annual (Due on or before January 15th of each year; NRS 294A.230(3)(b))
- Amended Registration: Change Officers Change Registered Agent Change Address
check all that apply
- Change Name Previous Name of PAC
- Other:

Name of Committee:
Station Casinos PAC

Telephone:
(415) 389-6800

Mailing Address:
2350 Kerner Blvd., Ste. 250
Street Name, Number

San Rafael
City

CA 94901
State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.
Advocate for or against ballot questions and/or candidates.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:
Lori Nelson

Telephone:
702-495-4248

Physical Address:
1505 S. Pavilion Center Dr.
Street Name, Number

Las Vegas
City

NV 89135
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

[Signature]
Signature of Registered Agent

Date:
10-9-14



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Steven S. Lucas Telephone: (415) 389-6800
 Mailing Address: 2350 Kerner Blvd., Ste. 250 San Rafael CA 94901
 Street Name, Number City State Zip Code

Officer Name and Title: James W. Carson Telephone: (415) 389-6800
 Mailing Address: 2350 Kerner Blvd., Ste. 250 San Rafael CA 94901
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:
 Mailing Address: Street Name, Number City State Zip Code

Officer Name and Title: Telephone:
 Mailing Address: Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:
 Mailing Address: Street Name, Number City State Zip Code

Name of Organization: Telephone:
 Mailing Address: Street Name, Number City State Zip Code

Name of Organization: Telephone:
 Mailing Address: Street Name, Number City State Zip Code

SUBMITTED BY:

X
 Signature of Representative of Group

Printed Name:
 James W. Carson

Date:
 10/9/14

Telephone:
 (415) 389-6800