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**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name	
Organization	ML Strategies, LLC
2. Address <input type="checkbox"/> Check if different than previously reported	
701 Pennsylvania Avenue, NW Suite #900	
City	Washington DC Zip Code 20004 Country USA
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
4a. Contact Name Prefix Full Name	b. Telephone number c. E-mail
Mr. David J. Leiter	202-434-7435 djleiter@mlstrategies.com
5. Senate ID #	25603-936
7. Client Name <input type="checkbox"/> Self	6. House ID #
Station Casinos, Inc.	33962046

**TYPE OF REPORT** 8. Year  2005 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_11. No Lobbying Activity **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was: <input type="checkbox"/></p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ 40,000</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were: <input checked="" type="checkbox"/></p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Complete

Printed Name and Title David J. Leiter, Vice President of Government Relations 8-10-05



Registrant Name ML Strategies, LLC

Client Name Station Casinos, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additional page(s) as needed.

15. General issue area code GAM - Gaming/Gambling/Casino (one per page)

16. Specific lobbying issues

Gaming related matters.

17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. Senate  
U.S. House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Name		Covered Official Position (if applicable)	N
	Last Name	Suffix		
David	Leiter			
Karen	Knutson			
Mark	Buse			
Patrick	Mara			
Neal	Martin			

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None



Registrant Name ML Strategies, LLC

Client Name Station Casinos, Inc.

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

	First Name	Last Name	Suffix	First Name	Last Name	Suffix
1				3		
2				4		

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

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**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State Country

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1	2	3
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**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage client
	Street Address City State/Province Country	City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client affiliated organization

1	3	5
2	4	6

Add a page for more updates

Document digitally signed on Page 1.

