

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **REPUBLICAN STATE LEADERSHIP COMMITTEE**

(b) Address (number and street) check if different than previously reported
1201 F STREET NW
SUITE 675

(c) City, State and ZIP Code
WASHINGTON DC 20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30002067

3. Is This Statement

New
or
 Amended

4. Covering Period

/ /
through
 / /

5. (a) Date of Public Distribution(s)

/ /

(b) Communication Title One of Them

6. The filer is a(n):

- (a) Individual
- (b) Unincorporated Organization
- (c) Qualified Nonprofit Corporation (11 CFR 114.10)
- (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
- (e) Other, specify: Non-Fed 527 Pol Org

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name

Goede, Staci, , ,

(b) Address (number and street)

1201 F Street, NW
Suite 675

(c) City, State and ZIP Code

Washington DC 20004

(d) Name of Employer or Principal Place of Business

Republican State Leadership Committee

(e) Occupation

Chief Financial Officer

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, ,

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Goede, Staci, , ,

SIGNATURE Goede, Staci, , ,

[Electronically Filed] DATE 10/18/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name		Transaction ID : F91.000001	
Walter, Matthew, , ,			
(b) Address (number and street)		1201 F Street, NW Suite 675	
(c) City, State and ZIP Code		Washington DC 20004	
(d) Name of Employer or Principal Place of Business		(e) Occupation	
Republican State Leadership Committee		President	
B. (a) Name		Transaction ID : F91.000002	
Goede, Staci, , ,			
(b) Address (number and street)		1201 F Street, NW Suite 675	
(c) City, State and ZIP Code		Washington DC 20004	
(d) Name of Employer or Principal Place of Business		(e) Occupation	
Republican State Leadership Committee		Chief Financial Officer	
C. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
D. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
E. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Consensus Communications, Inc.			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Mailing Address of Payee PO Box 2898			Amount 5000.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Winter Park	FL	32790			
Name of Employer	Occupation				
Purpose of Disbursement (Including title(s) of communication(s)) TV Production - One of Them			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Clinton, Hillary, , ,	<input type="checkbox"/>	Senate	DC	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	<input checked="" type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation		
Consensus Communications, Inc.			M M / D D / Y Y Y Y Y Y		
Mailing Address of Payee			10 / 18 / 2016		
PO Box 2898			Amount		
			1500.00		
City	State	Zip Code	Communication Date		
Winter Park	FL	32790	M M / D D / Y Y Y Y Y Y		
Name of Employer	Occupation		10 / 18 / 2016		
Purpose of Disbursement (Including title(s) of communication(s))			Transaction ID : F93.000002		
Radio Production - One of Them					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Clinton, Hillary, , ,	<input type="checkbox"/>	Senate	DC	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	<input checked="" type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000004					
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)			6500.00		
TOTAL This Period (last page this line number only)					
(carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee SRH Media Inc.</p> <p>Mailing Address of Payee PO Box 367</p> <p>City State Zip Code Spencerville MD 20868</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) TV Placement - One of Them</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>DC</u> Clinton, Hillary, , , <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President</p> <p>Transaction ID : F94.000006</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 17 2016</p> <p>Amount 25050.00</p> <p>Communication Date M M M / D D D / Y Y Y Y Y Y 10 18 2016</p> <p>Transaction ID : F93.000003</p> <p>Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee SRH Media Inc.</p> <p>Mailing Address of Payee PO Box 367</p> <p>City State Zip Code Spencerville MD 20868</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) Radio Placement - One of Them</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>DC</u> Clinton, Hillary, , , <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President</p> <p>Transaction ID : F94.000008</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 17 2016</p> <p>Amount 14950.00</p> <p>Communication Date M M M / D D D / Y Y Y Y Y Y 10 18 2016</p> <p>Transaction ID : F93.000004</p> <p>Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	