

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **Republican Senate Campaign Committee (RSCC)**

(b) Address (number and street)  check if different than previously reported  
4679 Winterset Drive

(c) City, State and ZIP Code  
Columbus OH 43220

(d) Name of Employer or Principal Place of Business (e) Occupation

### 2. FEC Identification Number

C C30002026

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

MM / DD / YYYY  
09 / 27 / 2012  
through  
MM / DD / YYYY  
10 / 02 / 2012

5. (a) Date of Public Distribution(s) MM / DD / YYYY 10 / 02 / 2012 (b) Communication Title RADGNSTHOM1207

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: \_\_\_\_\_

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  
Matthew Yuskewich

(b) Address (number and street)  
4679 Winterset Drive

(c) City, State and ZIP Code  
Columbus OH 43220

(d) Name of Employer or Principal Place of Business (e) Occupation  
Winterset CPA Group, Inc. CPA

### 9. Total Donations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.27889.02

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Vaughn Flasher

SIGNATURE Vaughn Flasher [Electronically Filed] DATE 10/02/2012

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