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FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

| | (a) Name Republican State Lea | adership Con | nmit | tee |
|-----|---|-------------------------------------|------------------------|--|
| | (b) Address (number and street) Check if different than pre | eviously reported | | 2. FEC Identification Number |
| | Suite 675 (c) City, State and ZIP Code Washington | DC 20004 | | С С30002067 |
| | (d) Name of Employer or Principal Place of Business | (e) Oc | ccupation | |
| 3. | Is This Statement Or Amended | l. Covering Period | M M 10 M M 10 | <pre>/ D D / Y Y Y Y Y 16 2012 through / D D / Y Y Y Y 17 2012</pre> |
| 5. | (a) Date of Public Distribution(s) | 2012 (b) Communie | cation Ti | tle Enough |
| 6. | The filer is a(n): (a) Individual (b) Unincorporate (d) Corporation, Labor Organization or Qualified Nor (e) X Other, specify: <u>Non-Fed 527 Pol Org</u> | | | onprofit Corporation (11 CFR 114.10) nications under 11 CFR 114.15 |
| 7. | If the filer is an individual, unincorporated organi were the disbursements made exclusively from o | | | |
| 8. | Custodian of Records (a) Name Staci A Goede | | | |
| | (b) Address (number and street) 1201 F Street, NW Suite 675 (c) City, State and ZIP Code | | | |
| | Washington (d) Name of Employer or Principal Place of Business | DC (e) Oc | 20004 ccupation | |
| 9. | Total Donations This Statement | | | .00 |
| 10. | Total Disbursements/Obligations This Statement | | | 150000.00 |
| | Under penalty of perjury, I certify that this statement is true, correct and complete. | | | |
| | TYPE OR PRINT NAME OF PERSON COMPLETING FORM | Staci A Goede | | |
| | SIGNATURE | [Electronically Filed] DAT | E | 10/18/2012 |
| | NOTE: Submission of false, erroneous or incomplete information | may subject the person signing this | sstatement | to the penalties of $211SC_{0}8437a$ |

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

| Α. | (a) Name | Transaction ID : F91.000001 |
|----|--|-----------------------------|
| | J Christopher Jankowski | |
| | (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 |
| | Staci A Goede | |
| | (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 | CFO |
| 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 |

Image# 12960016116

SCHEDULE 9-B

| PAGE | 3 | OF | 3 |
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| | | | |

| Disbursement(s) Made or O | bligation(s) | |
|---|--|--|
| A. Full Name (Last, First, Middle Initia | al) of Pavee | Date of Disbursement or Obligation |
| Ten Capitol, Inc. | | 10 16 / Y Y Y Y 10 16 2012 |
| Mailing Address of Payee 44927 George Washington Blvd Suite 130 | | Amount |
| City | State Zip Code | 150000.00 |
| Ashburn | VA 20147 | Communication Date |
| Name of Employer | Occupation | M M / D D / Y Y Y Y 10 17 2012 |
| Purpose of Disbursement (Including Media Placement - Enough | g title(s) of communication(s)) | Transaction ID : F93.000001 |
| Name of Federal Candidate Barack Obama | Office Sought: House State: Senate District: | |
| Transaction ID : F94.000002 Name of Federal Candidate | Office Sought: House | Disbursement/Obligation For: |
| Name of Federal Candidate | State: | Primary General |
| | Senate District: President | ─ Other (specify) ► |
| Name of Federal Candidate | Office Sought: House State: | Disbursement/Obligation For: |
| | Senate | Primary General |
| | President District: | ─ Other (specify) ► |
| Mailing Address of Payee | | Amount |
| City | State Zip Code | Communication Date |
| Name of Employer | Occupation | |
| Purpose of Disbursement (Including | g title(s) of communication(s)) | • |
| Name of Federal Candidate | Office Sought: House State: Senate District: President | Disbursement/Obligation For: Primary General Other (specify) ▶ |
| Name of Federal Candidate | Office Sought: House State: Senate President | Disbursement/Obligation For: Primary General Other (specify) ► |
| Name of Federal Candidate | Office Sought: House State: Senate District: President | Disbursement/Obligation For: Primary General Other (specify) |
| | ions This Page (optional) le number only) Line 10) | 150000.00 |