

# 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

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016  
through  
M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2016

5. (a) Date of Public Distribution(s)  10 / 10 / 2016 (b) Communication Title Changed

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 (e) Occupation  
Republican State Leadership Committee Chief Financial Officer

### 9. Total Donations This Statement

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

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,30000.00

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 10/10/2016

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**

<b>A.</b>	(a) Name Walter, Matthew, , ,	<b>Transaction ID : F91.000001</b>
	(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 President
<b>B.</b>	(a) Name Goede, Staci, , ,	<b>Transaction ID : F91.000002</b>
	(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
<b>C.</b>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>D.</b>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>E.</b>	(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)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>SRH Media Inc.</b> Mailing Address of Payee PO Box 367 City State Zip Code Spencerville MD 20868 Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s)) TV Placement - Changed	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016 Amount 30000.00 Communication Date MM / DD / YYYY 10 / 10 / 2016 <b>Transaction ID : F93.000001</b>
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 <b>Transaction ID : F94.000002</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Mailing Address of Payee City State Zip Code Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Date of Disbursement or Obligation MM / DD / YYYY Amount Communication Date MM / DD / YYYY Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	30000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	30000.00