

# 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 / 19 / 2012  
through  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012

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

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012

### (b) Communication Title

Enough

### 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  
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

### 9. Total Donations This Statement

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

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,60000.00

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 Staci A Goede

[Electronically Filed] DATE 10/19/2012

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

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

**11. Person(s) Sharing/Exercising Control**

|   |                                       |                                    |           |
|---|---------------------------------------|------------------------------------|-----------|
| <b>A.</b> (a) Name                                  |                                       | <b>Transaction ID : F91.000001</b> |           |
| J Christopher Jankowski                             |                                       |                                    |           |
| (b) Address (number and street)                     | 1201 F Street, NW<br>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                                  |                                       | <b>Transaction ID : F91.000002</b> |           |
| Staci A Goede                                       |                                       |                                    |           |
| (b) Address (number and street)                     | 1201 F Street, NW<br>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                     | CFO       |
| <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)

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee<br/><b>Ten Capitol, Inc.</b></p> <p>Mailing Address of Payee<br/>44927 George Washington Blvd.<br/>Suite 130</p> <p>City State Zip Code<br/>Washington DC 20004</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))<br/>Media Placement - Enough</p>  | <p>Date of Disbursement or Obligation<br/>MM / DD / YYYY<br/>10 / 19 / 2012</p> <p>Amount<br/>60000.00</p> <p>Communication Date<br/>MM / DD / YYYY<br/>10 / 19 / 2012</p> <p><b>Transaction ID : F93.000001</b></p>   |
| <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____<br/>Barack Obama <input type="checkbox"/> Senate District: _____<br/><input checked="" type="checkbox"/> President</p> <p><b>Transaction ID : F94.000002</b></p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____<br/><input type="checkbox"/> Senate District: _____<br/><input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____<br/><input type="checkbox"/> Senate District: _____<br/><input type="checkbox"/> President</p> | <p>Disbursement/Obligation For: 2012<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▶ _____</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p>  | <p>Date of Disbursement or Obligation<br/>MM / DD / YYYY</p> <p>Amount</p> <p>Communication Date<br/>MM / DD / YYYY</p>  |
| <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____<br/><input type="checkbox"/> Senate District: _____<br/><input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____<br/><input type="checkbox"/> Senate District: _____<br/><input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____<br/><input type="checkbox"/> Senate District: _____<br/><input type="checkbox"/> President</p>   | <p>Disbursement/Obligation For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▶ _____</p>                 |
| <p><b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶<br/>(carry total from last page to Line 10)</p>   | <p>60000.00</p> <p>60000.00</p>  |