

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

1. (a) Name of Individual, Organization or Corporation REPUBLICAN STATE LEADERSHIP COMMITTEE		
(b) Address (number and street) 1201 F STREET NW SUITE 675	<input type="checkbox"/> check if different than previously reported	3. FEC Identification Number
(c) City, State and ZIP Code WASHINGTON DC 20004		C C30002067
2. Occupation and Name of Employer (for Individual Filers Only)		

4. COVERED PERIOD: FROM / / THROUGH / /

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on / /

6. (a) DATE OF PUBLIC DISTRIBUTION(S) / /

(b) COMMUNICATIONS TITLE Marine Kent Leonhardt

7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization making communications under 11 CFR 114.10
(c) an Unincorporated Organization (d) Other, specify: Non-Fed 527 Pol Org

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? Yes No

9. CUSTODIAN OF RECORDS

(a) Name
Hobbs, Cabell, , ,

(b) Address (number and street)
1201 F Street, NW
Ste. 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/Treasurer

10. TOTAL DONATIONS THIS STATEMENT

11. 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

Hobbs, Cabell, , ,

SIGNATURE

Hobbs, Cabell, , ,

DATE

[Electronically I

10/20/2020

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

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

12. Person(s) Sharing/Exercising Control

A.	(a) Name Chambers, Austin, , ,	Transaction ID : F91.000001	
	(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.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
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

The Lukens Company

Mailing Address of Payee
2800 Shirlington Road
Ste. 900

City State Zip Code
Arlington VA 22206

Name of Employer Occupation

Date of Disbursement or Obligation

MM / DD / YYYY
10 / 20 / 2020

Amount

40000.00

Communication Date

MM / DD / YYYY
10 / 20 / 2020

Purpose of Disbursement (Including title(s) of communication(s))
Radio Advertising - Marine Kent Leonhardt

Transaction ID : F93.000001

Name of Federal Candidate
Trump, Donald, J., ,

Office Sought: House State: _____
 Senate District: _____
 President

Disbursement/Obligation For: 2020
 Primary General
 Other (specify) ▶ _____

Transaction ID : F94.000002

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 District: _____
 President

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶ _____

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation

MM / DD / YYYY

Amount

Communication Date

MM / DD / YYYY

Purpose of Disbursement (Including 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 District: _____
 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) ▶ _____

SUBTOTAL of Disbursements/Obligations This Page (optional)..... ▶

40000.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 11)

40000.00