

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 / 24 / 2012

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

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012

(b) Communication Title Voter

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
 Republican State Leadership Committee

(e) Occupation
 CFO

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,25000.00

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 10/24/2012

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

A. (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	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	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	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Ten Capitol, Inc. Mailing Address of Payee 44927 George Washington Blvd. Suite 130 City State Zip Code Ashburn VA 20147 Name of Employer Occupation	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2012 Amount 25000.00 Communication Date MM / DD / YYYY 10 / 24 / 2012
Purpose of Disbursement (Including title(s) of communication(s)) Radio Placement and Production - Voter	
Name of Federal Candidate Barack Obama Transaction ID : F94.000002 Name of Federal Candidate Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
B. Full Name (Last, First, Middle Initial) of Payee 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 <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	