

# 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 / 24 / 2016  
through  
M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2016

5. (a) Date of Public Distribution(s)  11 / 01 / 2016 (b) Communication Title Wrong Side

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

\_\_\_\_\_,\_\_\_\_\_,114000.00

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 11/01/2016

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		<b>Transaction ID : F91.000001</b>	
Walter, Matthew, , ,			
(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		<b>Transaction ID : F91.000002</b>	
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	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.</b> Full Name (Last, First, Middle Initial) of Payee <b>Consensus Communications, Inc.</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Mailing Address of Payee PO Box 2898			Amount 1500.00		
City	State	Zip Code			
Winter Park	FL	32790			
Name of Employer		Occupation	Communication Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Purpose of Disbursement (Including title(s) of communication(s)) Radio Production - Wrong Side			<b>Transaction ID : F93.000001</b>		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
Clinton, Hillary, , ,	<input type="checkbox"/>	Senate	DC	2016	
	<input checked="" type="checkbox"/>	President	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000002</b>					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	2016	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	2016	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation		
<b>Consensus Communications, Inc.</b>			M M / D D / Y Y Y Y Y Y		
Mailing Address of Payee			11 / 01 / 2016		
PO Box 2898			Amount		
			5000.00		
City	State	Zip Code			
Winter Park	FL	32790			
Name of Employer		Occupation	Communication Date		
			M M / D D / Y Y Y Y Y Y		
			11 / 01 / 2016		
Purpose of Disbursement (Including title(s) of communication(s))			<b>Transaction ID : F93.000002</b>		
TV Production - Wrong Side					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
Clinton, Hillary, , ,	<input type="checkbox"/>	Senate	DC	2016	
	<input checked="" type="checkbox"/>	President	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000004</b>					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	2016	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	2016	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) .....			6500.00		
<b>TOTAL</b> This Period (last page this line number only) .....					
(carry total from last page to Line 10)					

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee <b>SRH Media Inc.</b></p> <p>Mailing Address of Payee PO Box 367</p> <p>City State Zip Code Spencerville MD 20868</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) TV Placement - Wrong Side</p> <p>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</p> <p><b>Transaction ID : F94.000006</b></p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016</p> <p>Amount 100000.00</p> <p>Communication Date MM / DD / YYYY 11 / 01 / 2016</p> <p><b>Transaction ID : F93.000003</b></p> <p>Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee <b>SRH Media Inc.</b></p> <p>Mailing Address of Payee PO Box 367</p> <p>City State Zip Code Spencerville MD 20868</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) Radio Placement - Wrong Side</p> <p>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</p> <p><b>Transaction ID : F94.000008</b></p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016</p> <p>Amount 7500.00</p> <p>Communication Date MM / DD / YYYY 11 / 01 / 2016</p> <p><b>Transaction ID : F93.000004</b></p> <p>Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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) ..... ▶ (carry total from last page to Line 10)</p>	
<p>107500.00</p> <p>114000.00</p>	