

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 reported1201 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 / 2016

through

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2016

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

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2016(b) Communication Title Changed6. 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

Republican State Leadership Committee

(e) Occupation

Chief Financial Officer

9. Total Donations This Statement

, , , .00

10. Total Disbursements/Obligations This Statement

, , , 32500.00

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

10/20/2016

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)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control
A. (a) Name **Transaction ID : F91.000001**

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. (a) Name **Transaction ID : F91.000002**

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

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

PAGE 3 OF 3

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee SRH Media Inc.				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-around;"> 10 19 2016 </div> </div>			
Mailing Address of Payee PO Box 367				Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> 9 9 9 9 9 </div> <div style="text-align: right;">25000.00</div> </div>			
City Spencerville		State MD				Zip Code 20868	
Name of Employer		Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) TV Placement - Changed				Transaction ID : F93.000001			
Name of Federal Candidate Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Transaction ID : F94.000002		Name of Federal Candidate		Disbursement/Obligation For:			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For:			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For:			
B. Full Name (Last, First, Middle Initial) of Payee SRH Media Inc.				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-around;"> 10 20 2016 </div> </div>			
Mailing Address of Payee PO Box 367				Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> 9 9 9 9 9 </div> <div style="text-align: right;">7500.00</div> </div>			
City Spencerville		State MD				Zip Code 20868	
Name of Employer		Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Radio Placement - Changed				Transaction ID : F93.000002			
Name of Federal Candidate Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Transaction ID : F94.000004		Name of Federal Candidate		Disbursement/Obligation For:			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For:			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For:			
SUBTOTAL of Disbursements/Obligations This Page (optional)				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> 9 9 9 9 9 </div> <div style="text-align: right;">32500.00</div> </div>			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> 9 9 9 9 9 </div> <div style="text-align: right;">32500.00</div> </div>			