

## 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 / 21 / 2016

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2016

D D D / Y Y Y Y Y Y

2016

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

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2016

D D D / Y Y Y Y Y Y

Y Y Y Y Y Y

(b) Communication Title One of Them

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

Republican State Leadership Committee

(e) Occupation

Chief Financial Officer

## 9. Total Donations This Statement

, , , .00

## 10. Total Disbursements/Obligations This Statement

, , , 100000.00

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

10/21/2016

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)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>SRH Media Inc.</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-around;"> <span>10</span> <span>21</span> <span>2016</span> </div>			
<b>Mailing Address of Payee</b> PO Box 367				<b>Amount</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>999,999.99</span> </div> <div style="display: flex; justify-content: space-around;"> <span>100000.00</span> </div>			
<b>City</b> Spencerville		<b>State</b> MD				<b>Zip Code</b> 20868	
<b>Name of Employer</b>		<b>Occupation</b>					
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> TV Placement - One of Them				<b>Transaction ID : F93.000001</b>			
<b>Name of Federal Candidate</b> Clinton, Hillary, , ,		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>Disbursement/Obligation For:</b> 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Transaction ID : F94.000002</b>				<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>			
<b>Mailing Address of Payee</b>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>999,999.99</span> </div>			
<b>City</b>		<b>State</b>				<b>Zip Code</b>	
<b>Name of Employer</b>		<b>Occupation</b>					
<b>Purpose of Disbursement (Including title(s) of communication(s))</b>				<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>999,999.99</span> </div> <div style="display: flex; justify-content: space-around;"> <span>100000.00</span> </div>			
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>999,999.99</span> </div> <div style="display: flex; justify-content: space-around;"> <span>100000.00</span> </div>			