

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

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 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 **TREASURER**

10. TOTAL DONATIONS THIS STATEMENT00

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, , , <i>[Electronically I]</i>	DATE 05/27/2020
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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, J., ,	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 HOBBS, CABELL, , ,	Transaction ID : F91.000002
	(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 TREASURER
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

FLEXPOINT MEDIA INC.

Mailing Address of Payee
PO BOX 1051

City State Zip Code
NEW ALBANY OH 43054

Name of Employer Occupation

Date of Disbursement or Obligation

MM / DD / YYYY
05 / 26 / 2020

Amount

11880.00

Communication Date

MM / DD / YYYY
05 / 26 / 2020

Purpose of Disbursement (Including title(s) of communication(s))
RADIO PLACEMENT - "CARMICHAEL CAN"

Transaction ID : F93.000001

Name of Federal Candidate
TRUMP, DONALD, J., ,

Office Sought: House State: WV
 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

FLEXPOINT MEDIA INC.

Mailing Address of Payee
PO BOX 1051

City State Zip Code
NEW ALBANY OH 43054

Name of Employer Occupation

Date of Disbursement or Obligation

MM / DD / YYYY
05 / 26 / 2020

Amount

93192.00

Communication Date

MM / DD / YYYY
05 / 26 / 2020

Purpose of Disbursement (Including title(s) of communication(s))
TV PLACEMENT - "CARMICHAEL CAN"

Transaction ID : F93.000002

Name of Federal Candidate
TRUMP, DONALD, J., ,

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

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

Transaction ID : F94.000004

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)..... ▶

105072.00

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

105072.00