

# 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

/  /   
 through  
 /  /

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

/  /

### (b) Communication Title

Wrong on Taxes

### 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

,  ,

### 10. Total Disbursements/Obligations This Statement

.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 10/25/2012

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**

<b>A.</b> (a) Name	<b>Transaction ID : F91.000001</b>	
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>B.</b> (a) Name	<b>Transaction ID : F91.000002</b>	
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	

<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. Full Name (Last, First, Middle Initial) of Payee</b> <b>OnMessage Inc.</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2012		
Mailing Address of Payee 815 Slaters Lane			Amount 11158.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012		
Alexandria	VA	22314	<b>Transaction ID : F93.000001</b>		
Name of Employer Occupation			Purpose of Disbursement (Including title(s) of communication(s)) Radio Placement and Production - Wrong on Taxes		
Name of Federal Candidate Barack Obama		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) ▶ _____	
<b>Transaction ID : F94.000002</b>					
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) ▶ _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y		
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) ▶ _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶			11158.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)			11158.00		