

# 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  
11 / 02 / 2016  
through  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2016

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

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2016

(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

\_\_\_\_\_,\_\_\_\_\_,50000.00

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 11/02/2016

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 Walter, Matthew, , ,	<b>Transaction ID : F91.000001</b>
	(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 Goede, Staci, , ,	<b>Transaction ID : F91.000002</b>
	(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. Full Name (Last, First, Middle Initial) of Payee</b> <b>SRH Media Inc.</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016		
Mailing Address of Payee PO Box 367			Amount 50000.00		
City	State	Zip Code			
Spencerville	MD	20868			
Name of Employer		Occupation	Communication Date M M / D D / Y Y Y Y Y Y 11 / 02 / 2016		
Purpose of Disbursement (Including title(s) of communication(s)) TV Placement - One of Them			<b>Transaction ID : F93.000001</b>		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Clinton, Hillary, , ,	<input type="checkbox"/>	Senate	DC	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	<input checked="" type="checkbox"/>	President	District: _____	<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	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>			Date of Disbursement or Obligation		
Mailing Address of Payee			M M / D D / Y Y Y Y Y Y		
City State Zip Code			Amount		
Name of Employer Occupation			Communication Date		
Purpose of Disbursement (Including title(s) of communication(s))			M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) .....			50000.00		
<b>TOTAL</b> This Period (last page this line number only) .....			50000.00		
(carry total from last page to Line 10)					