2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 09 2015
Campaign Finance
Secretary of State

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Committee: RSLC Mississippi PAC

Address: 1201 F Street NW, Suite 675, Washington, DC 20004 County:

Telephone: 202-448-5160 Fax: 202-448-5169

Treasurer: Staci A. Goede Email Address: sgoede@rslc.gop

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... Mandatory

____ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) ..... Mandatory

____ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... Mandatory

____ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory
All Primary Candidates and Political Committees

____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election

X October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory

____ October 27, 2015 Pre-Election Report ..... Mandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees

____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election

____ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... Mandatory

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) — Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized +	Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	$ 130,000.00 +	$ 0	$ 130,000.00	$ 130,000.00
Total amount of disbursements	$ 130,000.00 +	$ 0	$ 130,000.00	$ 130,000.00
Total amount of cash on hand			$ 246.62	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer: Staci A. Goede Date: 10/9/15

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. *Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545*
2. *Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk*
3. *Candidates for Municipal office should return forms to the Municipal Clerk*

Name of Candidate or Committee: RSLC Mississippi PAC

Reporting period: 7/1/15 through 9/30/15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Republican State Leadership Committee	7 / 22 / 15	$ 10,000.00
Mailing Address: 1201 F Street, NW, Ste. 675	9 / 3 / 15	$ 20,000.00
City, State, Zip Code: Washington, DC, 20004	9 / 25 / 15	$ 100,000.00
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 130,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee RSLC Mississippi PAC

Reporting period 7/1/15 through 9/30/15

ITEMIZED DISBURSEMENTS

A. Full name The Watchdog PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 23	7 / 22 / 15	$ 10,000.00
City, State, Zip Code Jackson, MS, 39205	9 / 3 / 15	$ 20,000.00
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 30,000.00

B. Full name Mississippi House Republican Caucus PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 2068	9 / 25 / 15	$ 100,000.00
City, State, Zip Code Jackson, MS, 39215	/ /	$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 100,000.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$