

## SPECIAL REPORT OF LATE INDEPENDENT EXPENDITURE

### INDIVIDUAL / COMMITTEE INFORMATION

<b>Filing Period Name:</b>	Spring 2023 / 8th Senate Spring Pre-Primary 2023
<b>Candidate/Committee/Individual Name:</b>	<b>Committee ID:</b>
Republican State Leadership Committee Inc.	1100007
<b>Address (Number, Street):</b>	
1201 F Street, NW Suite 675	
<b>City, State and Zip:</b>	<b>Telephone Number:</b>
Washington DC 20004	(202) 448-5160

Date Paid	Name and Address of Person or Business to Whom Payment Was Made	Name and Address of Vendor	Purpose	Candidate(s) Affected by Disbursement(s) (Include Office Sought)	Support	Oppose	Comment(s)	Amount This Period
Independent Expenditure								
72 Hr. Reports : 02/01/2023								
01/30/2023	Persuasion Partners Inc. 2800 Shirlington Road, Ste 900, Arlington, VA 22206		Mailing Service	Knodl, Dan (State Senate, State Senate, District No. 08, State Senate, District No. 08)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mail production/postage	\$83,035.92
02/01/2023	Persuasion Partners Inc. 2800 Shirlington Road, Ste 900, Arlington, VA 22206		Media - TV	Knodl, Dan (State Senate, State Senate, District No. 08, State Senate, District No. 08)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TV Production//Placement	\$70,000.00
<b>Sub Total</b>								\$153,035.92
<b>Total</b>								\$153,035.92

I, \_\_\_\_\_  
certify that the information in this report is true, correct and complete.

Cabell Hobbs

\_\_\_\_\_  
(Signature of Individual, Treasurer or Agent)

\_\_\_\_\_  
Date

OATH

i. Pursuant to s. 11.0505, 11.0605, or 11.1001, I Republican State Leadership Committee Inc. affirm, under oath, that I will comply with the prohibition on coordination under s. 11.1203 with respect to any candidate or agent or candidate committee who is supported or opposed by the express advocacy.

ii. Being duly sworn, state that with respect to independent disbursements in support of the candidates listed (the committee / independent disbursement committee does not) (I do not) act in cooperation or consultation with any candidate or agent or authorized committee of a candidate who is supported and (the committee / independent disbursement committee does not) (I do not) act in concert with or at the request or suggestion of any candidate or any agent or authorized committee of a candidate who is supported. (The committee/ independent disbursement committee does not) (I do not) act in cooperation or consultation with any candidate or agent or authorized committee of a candidate who benefits from a disbursement made in opposition to a candidate listed and (the committee/ independent disbursement committee does not) (I do not) act in concert with, or at the request or suggestion of, any candidate or agent or authorized committee of a candidate who benefits from a disbursement made in opposition to a candidate listed.

STATE OF WISCONSIN

COUNTY OF \_\_\_\_\_

Republican State Leadership Committee Inc.

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Individual, Treasurer or Agent)

\_\_\_\_\_  
( Notary Public or Person Authorized to Administer Oaths)

My Commission expires \_\_\_\_\_, \_\_\_\_\_. *(For Notary Only)* Is Permanent ☐

THE INFORMATION ON THIS FORM IS REQUIRED BY ss. 11.0505, 11.0605, 11.1001, STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF SS. 11.1400, 11.1401, STATS.

THIS FORM IS PRESCRIBED BY THE Wisconsin Ethics Commission | P.O. Box 7125, Madison, WI 53707-7125 | Phone: 608-266-8123 | Email: campaignfinance@wi.gov

CF-7s (07/16)