

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name Republicans Who Care Individual Fund

(b) Address (number and street)  check if different than previously reported  
1220 L Street, NW 100273

(c) City, State and ZIP Code Washington, DC 20005

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation \_\_\_\_\_

**2. FEC Identification Number**  
C

3. Is This Statement  New or  Amended

4. Covering Period 10/27/2008 through 10/28/2008

5. (a) Date of Public Distribution(s) 10/28/2008 (b) Communication Title Tax Cutter

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: 527 Non-federal Committee

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 Sarah Chamberlain Resnick

(b) Address (number and street) 1220 L Street, NW 100273

(c) City, State and ZIP Code Washington, DC 20005

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation Self Consultant

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 3,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Sarah Chamberlain Resnick

SIGNATURE [Signature] DATE 10/28/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5497g.

FEC FORM 9 (REV. 12/2007)

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List of Person(s) Sharing/Exercising Control  
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A. (a) Name <b>Kirk Walder, Treasurer</b>	
(b) Address (number and street) <b>1220 L Street NW #100273</b>	
(c) City, State and ZIP Code <b>Washington, DC 20005</b>	
(d) Name of Employer or Principal Place of Business <b>N/A</b>	(e) Occupation <b>Retired</b>
B. (a) Name <b>Sarah Chamberlain Resnick, Assistant Treasurer</b>	
(b) Address (number and street) <b>1220 L Street NW #100273</b>	
(c) City, State and ZIP Code <b>Washington, DC 20005</b>	
(d) Name of Employer or Principal Place of Business <b>Self</b>	(e) Occupation <b>Consultant</b>
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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Multi Media Services Corporation</b>		<b>Date of Disbursement or Obligation</b> <b>10/27/2008</b>	
<b>Mailing Address of Payee</b> <b>915 King Street, 2nd Floor</b>		<b>Amount</b> <b>30,000.00</b>	
<b>City</b> <b>Alexandria</b>	<b>State</b> <b>VA</b>	<b>Zip Code</b> <b>22314</b>	<b>Communication Date</b> <b>10/28/2008</b>
<b>Name of Employer</b> 		<b>Occupation</b> 	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <b>TV Ad Placement/Production "Tax Cutter"</b>			
<b>Name of Federal Candidate</b> <b>Lynn Jenkins</b>	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>KS</b> <b>District:</b> <b>2nd</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> 	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> 	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>		<b>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</b>
<b>Name of Employer</b>		<b>Occupation</b>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b>			
<b>Name of Federal Candidate</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>30,000.00</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		<b>30,000.00</b>	

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