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

2. FEC Identification Number
C

(d) Name of Employer or Principal Place of Business

(e) Occupation

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
Self

(e) Occupation
Consultant

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 30,000.00

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 _____ 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. §437g.

FEC FORM 9 (REV. 12/2007)

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