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 30 2008

5. (a) Date of Public Distribution(s) 10 30 2008 (b) Communication Title "Ethics"

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 45,000.00

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 10/30/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name
Kirk Walder, Treasurer
(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: N/A
(e) Occupation: Retired

B. (a) Name
Sarah Chamberlain Resnick, Assistant Treasurer
(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

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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28039910145

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee
Multi Media Services Corporation
Mailing Address of Payee
915 King Street, 2nd Floor
City: Alexandria State: VA Zip Code: 22314
Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 27 2008
Amount: 45,000.00
Communication Date: 10 30 2008

Purpose of Disbursement (including title(s) of communication(s))
TV Ad Placement/Production "Ethics"

Name of Federal Candidate: Steve LaTourette
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 14th
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Mailing Address of Payee
City State Zip Code
Name of Employer Occupation

Date of Disbursement or Obligation
Amount
Communication Date

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 45000.00

TOTAL This Period (last page this line number only) ▶ 45000.00
(carry total from last page to Line 10)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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(5/2004)

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