**Gilbert & Wolfand, P.C.**
*Certified Public Accountants*
2201 Wisconsin Avenue, NW, Suite 320
Washington, DC 20007

# FAX TRANSMITTAL

| | | | |
|---|---|---|---|
| To: | Sarah Chamberlain Resnick | Voice No.<br>Fax No. | 682-3150<br>682-3943 |
| From: | Amy | Voice No.<br>Fax No.<br>email: | 202-342-6000 ext. 12<br>202-333-6116<br>amy@gilbertwolfand.com |
| Date: | 5/10/06 | | |
| Re: | FEC Form 9 | | 6 page(s) being faxed [including cover] |

Comments/Attachments:

Here's the FEC Form 9 filing for Republicans Who Care Individual Fund.

Please have Kirk Walder sign the front page

Then fax on MAY 11,2006 to the FEC .... 202-219-0174

Please let me know when faxed.

Thanks.

If there are any problems with this transmittal, please call (202) 342-6000 ext ____.

Time: _____

ACG Fax Cover Sheet.xls



26039073247

# FEC FORM 9

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

**1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/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** 05 06 2006 through 05 11 2006

**5.** (a) Date of Public Distribution(s) 05 11 2006 (b) Communication Title What's Going On In Washir

**6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?** Yes ☐ No ☒

**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?** Yes ☒ No ☐

**8. Custodian of Records**

(a) Name
Kirk Walder

(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
Retired

**9. Total Donations This Statement** 245,800.00

**10. Total Disbursements/Obligations This Statement** 200,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Kirk Walder

SIGNATURE [signature] DATE 05/11/2006

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

FE3AN038.PDF FEC FORM 9 (REV. 02)



25907324 98

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



**11. Person(s) Sharing/Exercising Control**

A. (a) Name
Robert Duke
(b) Address (number and street)
20 Crescent Drive
(c) City, State and ZIP Code
Staunton, VA 24401
(d) Name of Employer or Principal Place of Business
(e) Occupation
Retired

B. (a) Name
Kirk Walder
(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
Retired

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

26039732 46

## SCHEDULE 9-A
**Donation(s) Received**



| | | |
|---|---|---|
| A. Full Name of Donor<br>John C. Whitehead<br>Mailing Address of Donor<br>65 East 55th Street<br>City State Zip<br>New York, NY 10022 | Date of Receipt<br>08 09 2005<br>Amount<br>250000 | |
| B. Full Name of Donor<br>Donald Rendall<br>Mailing Address of Donor<br>18 Porchuck Road<br>City State Zip<br>Greenwich, CT 06831 | Date of Receipt<br>08 26 2005<br>Amount<br>250000 | |
| C. Full Name of Donor<br>Sidney V. Weinberg Jr.<br>Mailing Address of Donor<br>85 Broad Street<br>City State Zip<br>New York, NY 10004 | Date of Receipt<br>08 26 2005<br>Amount<br>250000 | |
| D. Full Name of Donor<br>It's My Party Too<br>Mailing Address of Donor<br>57 Flemley Road<br>City State Zip<br>Oldwick, NJ 08858 | Date of Receipt<br>09 16 2005<br>Amount<br>200000 | |
| E. Full Name of Donor<br>James R. Houghton<br>Mailing Address of Donor<br>80 E Market Street, Suite 300<br>City State Zip<br>Corning, NY 14830 | Date of Receipt<br>09 22 2005<br>Amount<br>15000.00 | |

SUBTOTAL of Donations This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶
(carry total from last page to Line 9)

2607307250

**SCHEDULE 9-A**
**Donation(s) Received**



| | | |
|---|---|---|
| A. Full Name of Donor<br>David Rockefeller<br>Mailing Address of Donor<br>30 Rockefeller Plaza Room 5600<br>City State Zip<br>New York, NY 10112 | Date of Receipt<br>09 22 2005<br>Amount<br>25000 00 | |
| B. Full Name of Donor<br>It's My Party Too<br>Mailing Address of Donor<br>57 Flemley Road<br>City State Zip<br>Oldwick, NJ 08858 | Date of Receipt<br>10 07 2005<br>Amount<br>20000 00 | |
| C. Full Name of Donor<br>Amory Houghton Jr.<br>Mailing Address of Donor<br>80 E Market Street, Suite 300<br>City State Zip<br>Corning, NY 14830 | Date of Receipt<br>02 21 2006<br>Amount<br>15000 00 | |
| D. Full Name of Donor<br>Robert D. Ziff<br>Mailing Address of Donor<br>153 E 53rd Street, 43rd Floor<br>City State Zip<br>New York, NY 10022 | Date of Receipt<br>05 05 2006<br>Amount<br>75,000.00 | |
| E. Full Name of Donor<br><br>Mailing Address of Donor<br><br>City State Zip | Date of Receipt<br><br>Amount | |

SUBTOTAL of Donations This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶ 245,000.00
(carry total from last page to Line 9)

FE3AN038.PDF

FEC FORM 9 (REV. 02/2003)

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



A. Full Name (Last, First, Middle Initial) of Payee: Chris Mottola Consulting, Inc.

Mailing Address of Payee: 1382 Lafayette Street

City: Cape May | State: NJ | Zip Code: 08204

Name of Employer | Occupation

Date of Disbursement or Obligation: 05 06 2006

Amount: 20,000.00

Communication Date: 05 11 2006

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad – "What's Going on in Washington?"

Name of Federal Candidate: Shelia Sorensen | Office Sought: [X] House [ ] Senate [ ] President | State: ID | District: 1st | Disbursement/Obligation For: [X] 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) ▶

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) ▶

TOTAL This Period (last page this line number only) ▶ 20000.00
(carry total from last page to Line 10)

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| ☐ Hand Delivered | Date of Receipt |
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The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

| | |
|---|---|
| N/A<br>PREPARER | N/A<br>DATE PREPARED |

(5/2004)

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