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

FAX TRANSMITTAL

To: Kirk Walder/Sarah Chamberlain Resnick	Voice No.	202-393-4356
	Fax No.	**202-393-4354**
From: Amy C. Gilbert	Voice No.	202-342-6000 ext. 12
	Fax No.	202-333-6116
Date: January 23,2008	email:	amy@gilbertwolfand.com
Re: Republicans Who Care Electioneering Communication	5	

Comments/Attachments:

Attached please find the FEC Form 9 which needs to be filed on **JANUARY 28,2008**

1) Sign page one

2) Fax on January 28,2008 to the FEC.... 202-219-0174

Please let me know when done.

Thank you.

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

Time: _____

ACG Fax Cover Sheet.xls

28039602458

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name: Republicans Who Care

(b) Address (number and street) ☐ check if different than previously reported: 1220 L Street NW, 100292

(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: [X] New or [ ] Amended

4. Covering Period: 01 21 2008 through 01 28 2008

5. (a) Date of Public Distribution(s): 01 28 2008 (b) Communication Title: Tax Increase

6. The filer is a(n): (a) [ ] Individual (b) [X] 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:

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 [X] No [ ]

8. Custodian of Records

(a) Name: Sarah Chamberlain Resnick

(b) Address (number and street): 11431 James Jack Lane

(c) City, State and ZIP Code: Charlotte, NC 28277

(d) Name of Employer or Principal Place of Business: Self-employed

(e) Occupation: Consultant

9. Total Donations This Statement: 2,000,000.00

10. Total Disbursements/Obligations This Statement: 1,800,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Kirk Walder

SIGNATURE: Kirk Walder DATE: 01/28/2008

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

** Using funds permissible under 11 CFR 114.15

FEC FORM 9 (REV. 10/2001)

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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 Wlader
(b) Address (number and street)
1220 L Street NW, 100292
(c) City, State and ZIP Code
Washington, DC 20005
(d) Name of Employer or Principal Place of Business
(e) Occupation
Retired

B. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

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-A
Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor
SEIU PEA FUND
Mailing Address of Donor
1800 Mass. Ave.,NW
City: Washington | State: DC | Zip: 20036
Date of Receipt: 01 14 2008
Amount: 200000 00

B. Full Name of Donor
Mailing Address of Donor
City | State | Zip
Date of Receipt
Amount

C. Full Name of Donor
Mailing Address of Donor
City | State | Zip
Date of Receipt
Amount

D. Full Name of Donor
Mailing Address of Donor
City | State | Zip
Date of Receipt
Amount

E. Full Name of Donor
Mailing Address of Donor
City | State | Zip
Date of Receipt
Amount

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 200000 00
(carry total from last page to Line 9)

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

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee
Response America
Mailing Address of Payee
2800 Shirlington Rd. Suite 901
City: Arlington, State: VA Zip Code: 22206
Name of Employer: Occupation:

Date of Disbursement or Obligation: 01 22 2008
Amount: 180000.00
Communication Date: 01 28 2008

Purpose of Disbursement (including title(s) of communication(s))
TV AD Production/Placement "Tax Increase"

Name of Federal Candidate: Wayne T. Gilchrest
Office Sought: [X] House [ ] Senate [ ] President
State: MD 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) ▶ 180,000.00
(carry total from last page to Line 10)

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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.

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☐ Postmark Illegible	
☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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