

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 17 2008 through

10 21 2008

5. (a) Date of Public Distribution(s) 10 21 2008

(b) Communication Title "Tax Break"

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 114.16

(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 210 000 00

10. Total Disbursements/Obligations This Statement 69 000 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

10/21/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 5497g.

FEC FORM 9 (REV. 12/2007)

28039882678

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	(e) Occupation
N/A	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	(e) Occupation
Self	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

28039882679

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee The Eagle Consulting Group				Date of Disbursement or Obligation 10 17 2008	
Mailing Address of Payee 300 N. 2nd Street #430				Amount 69000.00	
City Harrisburg	State PA	Zip Code 17101		Communication Date 10 21 2008	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) TV Ad Placement & Production "Tax Break"					
Name of Federal Candidate John Randy Kuhl	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 29th	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City	State	Zip Code		Communication Date	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s))					
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)				69000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				69000.00	

28039882680

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 3

A. Full Name of Donor George D O'Neill			Date of Receipt 08 25 2008	
Mailing Address of Donor 30 Rockefeller Plaza, Room 5432			Amount 30,000.00	
City New York	State NY	Zip 10112		
B. Full Name of Donor John C Whitehead			Date of Receipt 02 05 2008	
Mailing Address of Donor 65 East 55th Street			Amount 5,000.00	
City New York	State NY	Zip 10022		
C. Full Name of Donor Robert Ziff			Date of Receipt 03 27 2008	
Mailing Address of Donor 350 Park Ave 11th Floor			Amount 50,000.00	
City New York	State NY	Zip 10022		
D. Full Name of Donor			Date of Receipt	
Mailing Address of Donor			Amount	
City	State	Zip		
E. Full Name of Donor			Date of Receipt	
Mailing Address of Donor			Amount	
City	State	Zip		

SUBTOTAL of Donations This Page (optional)	85,000.00
TOTAL This Period (last page this line number only)	210,000.00
(carry total from last page to Line 9)	

18978865087

SCHEDULE 9-A
Donation(s) Received

PAGE 2 OF 3

28039882682

A. Full Name of Donor Gordon Gund			Date of Receipt 03 10 2008
Mailing Address of Donor 14 Nassau Street PO Box 449			Amount 2,000.00
City Princeton	State NJ	Zip 08542	
B. Full Name of Donor Amory Houghton Jr			Date of Receipt 09 30 2008
Mailing Address of Donor 80 East Market St #310			Amount 25,000.00
City Corning	State NY	Zip 14830	
C. Full Name of Donor Amory Houghton Jr			Date of Receipt 03 10 2008
Mailing Address of Donor 80 East Market St #310			Amount 25,000.00
City Corning	State NY	Zip 14830	
D. Full Name of Donor James R Houghton			Date of Receipt 03 10 2008
Mailing Address of Donor 80 East Market St #300			Amount 5,000.00
City Corning	State NY	Zip 14830	
E. Full Name of Donor James R Houghton			Date of Receipt 02 18 2008
Mailing Address of Donor 80 East Market St #300			Amount 15,000.00
City Corning	State NY	Zip 14830	

SUBTOTAL of Donations This Page (optional) ▶ 72,000.00

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

28039882683

P.01

7045446726

OCT-21-2008 08:00

Mailing Address of Donor

80 East Market St #300

Amount

City

State

Zip

15 000 00

Corning

NY

14830

SUBTOTAL of Donations This Page (optional)

72 000 00

TOTAL This Period (last page this line number only)
(carry total from last page to Line 8)

FE3AN038.POF

FEC FORM 8 (REV. 12/2007)

OCT-17-2008 13:19

GILBERT & WOLFAND, P.C.

202 333 6116

P.04/07

OCT-17-2008 13:18

GILBERT & WOLFAND, P.C.

202 333 6116

P.03/07

List of Person(s) Sharing/Exercising Control

PAGE 1 OF 1

OCT-17-2008 13:18

GILBERT & WOLFAND, P.C.

202 333 6116

P.02/07

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 3

28039882684

A. Full Name of Donor John H.F. Haskell Jr. Mailing Address of Donor 535 Madison Ave. Floor 4 City State Zip New York NY 10022			Date of Receipt 10 29 2007 Amount 1000.00
B. Full Name of Donor Amory Houghton Jr. Mailing Address of Donor 80 East Market St. #310 City State Zip Corning NY 14830			Date of Receipt 6 27 2007 Amount 2500.00
C. Full Name of Donor Peter Malkin Mailing Address of Donor 60 E 42nd Street City State Zip New York NY 10165			Date of Receipt 11 02 2007 Amount 1000.00
D. Full Name of Donor Peter G Peterson Mailing Address of Donor 345 Park Ave. City State Zip New York NY 10154			Date of Receipt 11 20 2007 Amount 1000.00
E. Full Name of Donor John C. Whitehead Mailing Address of Donor 65 East 55th Street City State Zip New York NY 10022			Date of Receipt 11 02 2007 Amount 2500.00
SUBTOTAL of Donations This Page (optional)			5300.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 8)			

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.

28039882685

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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
 PREPARER

N/A
 DATE PREPARED