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 10 28 2006 through 11 01 2006

5. (a) Date of Public Distribution(s) 11 01 2006 **(b) Communication Title** Workhorse

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107 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 30,000.00

10. Total Disbursements/Obligations This Statement 9,800.00

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 11-1-2006

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

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FEC FORM 9 (REV. 02/2003)

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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

Scaunton, 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

26032626091

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Peter G. Peterson Mailing Address of Donor: 345 Park Avenue City / State / Zip: New York, NY 10154	Date of Receipt: 10 / 31 / 2006 Amount: 5000.00
B. Full Name of Donor: Sidney J. Weinberg, Jr. Mailing Address of Donor: 85 Broad Street, 2nd Floor City / State / Zip: New York, NY 10004	Date of Receipt: 10 / 31 / 2006 Amount: 25000.00
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) ► (carry total from last page to Line 9)	30000.00

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

A. Full Name (Last, First, Middle Initial) of Payee: Multi Media Services Corporation

Mailing Address of Payee: 915 King Street

City: Alexandria, VA 22314 | State | Zip Code

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 31 / 2006

Amount: 98,000.00

Communication Date: 11 / 01 / 2006

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad Placement/Production

Name of Federal Candidate: John R. Kuhl Jr. | Office Sought: [X] House [ ] Senate [ ] President | State: NY | District: 29th | 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) ▶

TOTAL This Period (last page this line number only) ▶ 98,000.00
(carry total from last page to Line 10)

FE3A/038J'QF

FEC FORM 9 (REV. 02/2003)

TOTAL P.05

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

(5/2004)

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