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

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 09 07 2006 through 10 24 2006

5. (a) Date of Public Distribution(s) 10 24 2006 **(b) Communication Title** Embarrassed

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

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes X 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 172,500.00

10. Total Disbursements/Obligations This Statement 32,000.00

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 _____ DATE 10-24-2006

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

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

SCHEDULE 9-A
Donation(s) Received

A. 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 09 21 2006 Amount 50000.00	
B. Full Name of Donor Landon T. Clay Mailing Address of Donor 188 Old Street Road City / State / Zip Peterborough, NH 03458	Date of Receipt 09 21 2006 Amount 25000.00	
C. Full Name of Donor Amory Houghton, Jr. Mailing Address of Donor 80 East Market Street, Suite 201 City / State / Zip Corning, NY 14830	Date of Receipt 09 21 2006 Amount 25000.00	
D. Full Name of Donor Amory Houghton, Jr. Mailing Address of Donor 80 East Market Street, Suite 201 City / State / Zip Corning, NY 14830	Date of Receipt 10 06 2006 Amount 25000.00	
E. Full Name of Donor Peter L. Malkin Mailing Address of Donor 60 East 42nd Street City / State / Zip New York, NY 10165	Date of Receipt 10 06 2006 Amount 2500.00	

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

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

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FEC FORM 9 (REV. 02/2003)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Robert G. Goelet Mailing Address of Donor 7 Sutton Place City State Zip New York, NY 10022	Date of Receipt 10 06 2006 Amount 25000.00	
B. Full Name of Donor Ezra K. Zilkha Mailing Address of Donor 450 Park Avenue, Suite 2102 City State Zip New York, NY 10022	Date of Receipt 10 06 2006 Amount 5000.00	
C. Full Name of Donor Leonore Annenberg Mailing Address of Donor 150 North Radnor-Chester Road City State Zip Radnor, PA 19087	Date of Receipt 10 24 2006 Amount 10000.00	
D. Full Name of Donor Barbara S. Wainscott Mailing Address of Donor 242 Via Linda City State Zip Palm Beach, FL 33480	Date of Receipt 10 24 2006 Amount 5000.00	
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 8)		172,500.00

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

A. Full Name (Last, First, Middle Initial) of Payee: Media Ad Ventures Inc.

Mailing Address of Payee: 8136 Old Keene Mill Road, Suite A-300

City: Springfield, VA 22152 State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 20 / 2006

Amount: 32000.00

Communication Date: 10 / 24 / 2006

Purpose of Disbursement (including title(s) of communication(s)): Radio Ad - Embarrassed

Name of Federal Candidate: Lincoln Chafee
Office Sought: [ ] House [X] Senate [ ] President
State: RI District:
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) ▶ 32,000.00
(carry total from last page to Line 10)

FE3AI-038 PDF

FEC FORM 9 (REV. 02/2003)

TOTAL P.06

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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