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 10 25 2006 through 10 27 2006

5. (a) Date of Public Distribution(s) 10 27 2006 **(b) Communication Title** "Fiscal"

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 0.00

10. Total Disbursements/Obligations This Statement 12,500.00

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 10-27-2006

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

FE3/IN03B.PDF

FEC FORM 9 (REV. 02/2003)