

**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: \_\_\_\_\_

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GILBERT B WOLFAND, P.C.

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P.02

# 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**

(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  
From **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)  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  No

8. Custodian of Records

(a) Name **Sarah Chamberlain Resnick**

(b) Address (number and street) **11431 Jones 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 **200,000.00**

10. Total Disbursements/Obligations This Statement **180,000.00**

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

TYPED OR PRINT NAME OF PERSON COMPLETING FORM **Kirk Waldert**

SIGNATURE *[Signature]* DATE **01/28/2008**

NOTE: Submission of this statement or disclosure information subject to the person signing this statement in the penalties of 18 U.S.C. 6427.

\*\* Using funds permissible under 11 CFR 114.15 FEC FORM 9 (REV. 10/06)

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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**

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<p><b>A. Full Name of Donor</b> SEIU PEA FUND</p> <p><b>Mailing Address of Donor</b> 1800 Mass. Ave., NW</p> <p><b>City</b> Washington      <b>State</b> DC      <b>Zip</b> 20036</p>	<p><b>Date of Receipt</b> 01 14 2008</p> <p><b>Amount</b> 2 0 0 0 0 0 . 0 0</p>
<p><b>B. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p><b>City</b>      <b>State</b>      <b>Zip</b></p>	<p><b>Date of Receipt</b></p> <p><b>Amount</b></p>
<p><b>C. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p><b>City</b>      <b>State</b>      <b>Zip</b></p>	<p><b>Date of Receipt</b></p> <p><b>Amount</b></p>
<p><b>D. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p><b>City</b>      <b>State</b>      <b>Zip</b></p>	<p><b>Date of Receipt</b></p> <p><b>Amount</b></p>
<p><b>E. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p><b>City</b>      <b>State</b>      <b>Zip</b></p>	<p><b>Date of Receipt</b></p> <p><b>Amount</b></p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>	
<p><b>TOTAL This Period (past page this line number only)</b> ▶ (carry total from last page to Line 9)</p> <p>2 0 0 0 0 0 . 0 0</p>	

**SCHEDULE 9-B**

PAGE 1 OF 1

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Response America				<b>Date of Disbursement or Obligation</b> 01 22 2008	
<b>Mailing Address of Payee</b> 2800 Shirlington Rd. Suite 901				<b>Amount</b> 1 8 0 0 0 0 0 0	
<b>City</b> Arlington,	<b>State</b> VA	<b>Zip Code</b> 22206	<b>Communication Date</b> 01 28 2008		
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> TV AD Production/Placement "Tax Increase"					
<b>Name of Federal Candidate</b> Wayne T. Gilchrest	<b>Office Sought:</b>	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> MD <b>District:</b> 1st	<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____				<b>Date of Disbursement or Obligation</b> _____	
<b>Mailing Address of Payee</b> _____				<b>Amount</b> _____	
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____	<b>Communication Date</b> _____		
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____					
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ▶				_____	
<b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 10)				1 8 0 0 0 0 0 0	

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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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<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