FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0076
Evnires:	

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FORM D

NOTICE OF SALE OF SECURIT **PURSUANT TO REGULATION SECTION 4(6), AND/OR** 



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UNIFORM LIMITED OFFERING EXE	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	SEC MAIL
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment (CHANGE OF ADDRESS ONLY)	AUG OF SES
A, BASIC IDENTIFICATION DATA	20 8
1. Enter the information requested about the issuer	06
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  RESEARCH AFFILIATES CAPITAL, L.P.	SECTION
Address of Executive Offices (Number and Street, City. State, Zip Code) 155 N. LAKE AVENUE, SUITE 900, PASADENA, CA 91101	Telephone Number (Including Area Code) 626-584-2100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
business trust   limited partnership, to be formed  Month Year	mated
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).  When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given to	g. A notice is deemed filed with the U.S. Securities
which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or hear typed or printed signatures.	lly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repethereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal eappropriate federal notice will not result in a loss of an available state exemption unl	

SEC 1972 (6-02)

filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years:
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)	·····	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first.	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City. State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)		<del></del>		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	, , , , , , , , , , , , , , , , , , , ,	**************************************		
Business or Residence Addr	ress (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number and	Street, City. State, Zip C	ode)		
	(I se hi	ank sheet or conv and use	additional copies of this	cheet as necessari	/A

Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?	B. INFORMATION ABOUT OFFERING
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?	
3. Does the offering permit joint ownership of a single unit?	
3. Does the offering permit joint ownership of a single unit?	ninimum investment that will be accepted from any individual?
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. It's person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	name first, if individual)
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	dence Address (Number and Street, City, State, Zip Code)
(Check "All States" or check individual States)	ted Broker or Dealer
	Person Listed Has Solicited or Intends to Solicit Purchasers
	States" or check individual States)
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA	
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR	
Full Name (Last name first. if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	idence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer	ited Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)	States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA III ID	AK AZ AR CA CO CT DE DC FL GA III ID
IL IN IA KS KY LA ME MD MA MI MN MS MO	IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	idence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer	ated Broker or Dealer
Stores in Which December 1 and the California Land Land California	Descriptional Harden College Annual College Description
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	
AL AK AZ AR CA CO CT DE DC FL GA HI ID	AK AZ AR CA CO CT DE DC FL GA FH ID
IL IN IA KS KY LA ME MD MA MI MN MS MO	IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS.

1.	enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A		A constant A local de
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt		_ :	\$
	Equity		_	\$
	Common Preferred			
	Convertible Securities (including warrants)		_	\$
	Partnership Interests	<u> </u>	_	S
	Other (Specify)			S
	Total	0.00	_	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		_	\$
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		-	\$
	Regulation A		-	\$
	Rule 504		-	\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[		\$
	Printing and Engraving Costs	[		\$
	Legal Fees			\$
	Accounting Fees	[		\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)	[		\$
	Other Expenses (identify)	[		\$
	Total	_	_	\$ 0.00

-			
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	. 🗆 \$
	Purchase of real estate	\$	<u></u> \$
	Purchase, rental or leasing and installation of machinery and equipment	\$	
	Construction or leasing of plant buildings and facilities	\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_ □¢	r •
	Repayment of indebtedness	_	_
٠	Working capital		
	Other (specify):	_	
	Caner (apeerly).		- L., <sup>Ψ</sup>
		\$	_ 🗆 \$
	Column Totals	□ <u>\$</u> 0.00	\$ 0.00
	Total Payments Listed (column totals added)		.00
	D. FEDERAL SIGNATURE		Same and the same a
si	ne issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commice information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writt	
	suer (Print or Type)  ESEARCH AFFILIATES CAPITAL, L.P.	Date - Onl	31 2000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Title of Signer (Print or Type)

Chief Administrative Officer

Name of Signer (Print or Type)

Janine Nesbit

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	esikulukan di perangan Kalingan di Kabutan di Kabutan di Kabutan	E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?	esently subject to any of the disqualification Yes No						
	See A	Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required	arnish to any state administrator of any state in which this notice is filed a notice on Form d by state law.						
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.		suer is familiar with the conditions that must be satisfied to be entitled to the Uniform ate in which this notice is filed and understands that the issuer claiming the availability ing that these conditions have been satisfied.						
	uer has read this notification and knows the conte thorized person.	nts to be true and has duly caused this notice to be signed on its behalf by the undersigned						
Issuer (	Print or Type)	Signature Date /						
RESE	EARCH AFFILIATES CAPITAL, L.P.	July 3/2006						
Name (	Print or Type)	Title (Print or Type)						
Janine	Nesbit	Chief Administrative Officer						

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX		1976a 2007au 2		
1	Intend to non-actinvestors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ	**************************************								
DE									
DC									
FL									
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MS									

## **APPENDIX** 2 3 4 5 1 Disqualification Type of security under State ULOE Intend to sell (if yes, attach and aggregate to non-accredited offering price Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No No State Investors **Amount Investors Amount** Yes MO MT NE NVNH NJ NM NY NC ND $\mathsf{OH}$ OK OR PA RI SCSD TNTXUT VT VAWA WV WI

	APPENDIX										
1		2	3	4				5			
									lification		
	Y 4 3	l 4 11	Type of security					under State ULOE			
		l to sell ccredited	and aggregate offering price		Type of investor and			(if yes, attach explanation of			
	i	s in State	offered in state	amount purchased in State			waiver granted)				
	1	-Item 1)	(Part C-Item 1)	(Part C-Item 2)			(Part E-Item 1)				
				Number of		Number of					
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No		
WY											
PR											