

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1260 / 5254
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CLUB FOR GROWTH INC PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Kavalier		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2004	
Mailing Address 80 Pine Street		Transaction ID: SA11A1.117631	
City State Zip Code New York NY 10005		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Earmarked: Gohmert for Cong. House TX-1	
Name of Employer Info requested Occupation Info requested		<b>[MEMO ITEM]</b>	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Kavalier		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2004	
Mailing Address 80 Pine Street		Transaction ID: SA11A1.117634	
City State Zip Code New York NY 10005		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Earmarked: Poe for Cong. House TX-2	
Name of Employer Info requested Occupation Info requested		<b>[MEMO ITEM]</b>	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) <b>C.</b> Fred Kavli		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2004	
Mailing Address 1801 Solar Dr. Ste. 250		Transaction ID: SA11A1.112952	
City State Zip Code Oxnard CA 93031		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Info requested Occupation Info requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	