Image# 10930468015 047**02**#2**0**130 14:55

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a)	Name of Individual, Organization or Corporation	¬ ˙				
CL	UB FOR GROWTH					
(1-)	Address (number and stock)					
	Address (number and street)					
(c)	City, State and ZIP Code					
		3. FEC Identification Number				
L.,		<b>C</b> C90009945				
2. Co	orporate filers only  Is the filer a qualified nonprofit corporation?  X Yes No					
l	dividual filers only Name of Employer	Occupation				
	Name of Employer	Occupation				
	<u> </u>					
	4. TYPE OF REPORT (check appropriate boxes):					
	(a) April 15 Quarterly Report 24-Hour Notice 🛛 48-Hour	ur Notice				
	☐ July 15 Quarterly Report					
	October Quarterly Report					
	☐ January 31 Year-End Report					
	(b) Is this Report an amendment? Yes \( \subseteq \text{No } \overline{X} \)					
	5. COVERING PERIOD: FROM 03 / DD / Y Y Y Y Y Y					
	THROUGH					
	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & Q \end{bmatrix} $					
	6. TOTAL CONTRIBUTIONS	.00				
	7. TOTAL INDEPENDENT EXPENDITURES	13675.27				
	7. TOTAL MIDEL ENDERT EXCEPTIONEO					
Under	penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of	or in constitution with, or at the				
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures 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 SIGNATURE DATE						
Chris	s Chocola	04/02/2010				
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.						

 $For \ further \ information, \ contact:$ 

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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FOR LINE 7 FOR FORM 5

AME OF FILER (In Full) CLUB FOR GROWTH						
Full Name (Last, First, Middle Initial) of Payee Third Dimension Strategies				Date		
Mailing Address PO Box 21003				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Little Rock	State AR	Zip Code 72221	)	542.16		
Purpose of Expenditure get out the vote phone calls	C	Category/ Type		Office Sought: House State: UT  Senate X Senate District 00		
Name of Federal Candidate Supported or Opp- Bob Bennett	osed by Expenditure:			Check One:    Gonate District: 00		
Calendar Year-To-Date Per Election for Office Sought		12073	6.07	Disbursement For: Primary General 2010 Other (specify) Convention		
Full Name (Last, First, Middle Initial) of Payee David All Group Mailing Address			•	Date    Date   D D		
1212 New york Ave. NW Ste. 550	State	Zip Code	)	Amount 1664.25		
Washington Purpose of Expenditure	DC	20036 Category/		Office Sought: House State: UT		
website, internet ads  Type  Name of Federal Candidate Supported or Opposed by Expenditure:				Senate X Senate District: 00		
Bob Bennett  Calendar Year-To-Date Per Election for Office Sought 122400.32		Check One: Support X Oppose  Disbursement For: Primary General  2010  Other (specify) Convention				
Full Name (Last, First, Middle Initial) of Payee Guidant Strategies				Date 0 3 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Mailing Address 175 South West Temple				Amount 11300.44		
City Salt Lake City	State UT	Zip Code 84101	)			
Purpose of Expenditure mail costs, postage, internet communic		Category/ Type		Office Sought: House State: UT  Senate X Senate District: 00		
Name of Federal Candidate Supported or Opposite Bob Bennett	osed by Expenditure:			President  Check One: Support X Oppose		
Calendar Year-To-Date Per Election for Office Sought		13370	0.76	Disbursement For: Primary General 2010 Other (specify) Convention		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTALof Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						

## Image# 10930468017 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

CLUB FOR GROWTH

Full Name (Last, First, Middle Initial) of Payee Club for Growth	Date
Mailing Address 2001 L St., NW	- M M / D D / Y Y Y Y Amount
City State Zip Code Washington DC 20036	168.42
Purpose of Expenditure Category/ C	Office Sought: House State: UT
mail costs Type	Senate Senate Dietrict: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  Bob Bennett  C	President
Calendar Year-To-Date Per Election for Office Sought	isbursement For: Primary General Other (specify) Convention
(a) SUBTOTAL of Itemized Independent Expenditures	168.42
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	13675.27