

The Club for Growth, NET
1775 K St, NW,
Suite 200
Washington, DC 20006
Ph: (202) 855-5041



Fax

To:	FEC	From:	David Keating
Fax:	202-219-0174	Pages:	12
Phone:		Date:	10/15/04
Re:	notice of electronic communication	CC:	

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
Club For Growth .NET

(b) Address (number and street) check if different than previously reported
1776 K St. NW Suite 399

(c) City, State and ZIP Code
Washington, DC 20006

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation
N/A

2. FEC Identification Number
 N/A

3. Is This Statement New Amended

4. Covering Period 10/10/2004 through 10/10/2004

5. (a) Date of Public Distribution(s): 10/10/2004 **(b) Communication Title:** "Imagine", "Wrong"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
David Keating, Secretary

(b) Address (number and street)
1776 K St. NW Suite 399

(c) City, State and ZIP Code
Washington, DC 20006

(d) Name of Employer or Principal Place of Business
Club for Growth

(e) Occupation
Executive Director

9. Total Donations This Statement 83500.00

10. Total Disbursements/Obligations This Statement 138019.75

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 _____

SIGNATURE _____ DATE _____

NOTE: Suspension of filing, disclosure or reporting in violation may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control
(Use additional pages as necessary)

PAGE OF

1. Person(s) Sharing/Exercising Control

A. (a) Name Stephen Moore	
(b) Address (number and street) Box 65028	
(c) City, State and ZIP Code Washington, DC 20035	
(d) Name of Employer or Principal Place of Business Club for Growth	(e) Occupation President
B. (a) Name Jackson T. Stephens, Jr.	
(b) Address (number and street) Box 65028	
(c) City, State and ZIP Code Washington, DC 20035	
(d) Name of Employer or Principal Place of Business EOE, Inc.	(e) Occupation President & CEO
C. (a) Name Thomas Ravenel	
(b) Address (number and street) Box 65028	
(c) City, State and ZIP Code Washington, DC 20035	
(d) Name of Employer or Principal Place of Business Ravenel Development Corp.	(e) Occupation Real Estate
D. (a) Name Mary Elizabeth Wassa	
(b) Address (number and street) Box 65028	
(c) City, State and ZIP Code Washington, DC 20035	
(d) Name of Employer or Principal Place of Business Hawthorne Ranch	(e) Occupation Fruit Rancher
E. (a) Name Gary R. Faulkner	
(b) Address (number and street) Box 65028	
(c) City, State and ZIP Code Washington, DC 20035	
(d) Name of Employer or Principal Place of Business EOE, Inc.	(e) Occupation Vice President

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

F. (a) Name David Keating	
(b) Address (number and street) Box 65028	
(c) City, State and ZIP Code Washington, DC 20035	
(d) Name of Employer or Principal Place of Business Club for Growth	(e) Occupation Executive Director

G. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

H. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

I. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

J. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A

PAGE **01** OF **01**

Donation(s) Received

<p>A. Full Name of Donor Lanning MacFarland</p> <p>Mailing Address of Donor 415 North State St.</p> <p>City State Zip Chicago IL 60614</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1000.00</p>
<p>B. Full Name of Donor Mark Davis</p> <p>Mailing Address of Donor 717 N. 9th St.</p> <p>City State Zip St. Peter MN 56082</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1500.00</p>
<p>C. Full Name of Donor Lynn Maddox</p> <p>Mailing Address of Donor 213 Lincoln Park West</p> <p>City State Zip Chicago IL 60614</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1600.00</p>
<p>D. Full Name of Donor Scott Sipprelle</p> <p>Mailing Address of Donor 15 Hodge Rd.</p> <p>City State Zip Princeton NJ 08540</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 1500.00</p>
<p>E. Full Name of Donor Norman Rogers</p> <p>Mailing Address of Donor 835 San Rafael St.</p> <p>City State Zip Davis CA 95616</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 2000.00</p>
<p>SUBTOTAL of Donations (This Page (optional))</p>	<p>6600.00</p>
<p>TOTAL This Period (last page (the line number only)) <small>(Entry total from last page to Line 9)</small></p>	<p>6600.00</p>

SCHEDULE B-A
Donation(s) Received

PAGE OF

<p>A. Full Name of Donor Louis Gentine</p> <p>Mailing Address of Donor 226 S. Turtle Bay Rd.</p> <p>City State Zip Elkhart Lake WI 53020-0747</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 2500.00</p>
<p>B. Full Name of Donor Daniel Cullen</p> <p>Mailing Address of Donor 980 Stuart Rd.</p> <p>City State Zip Princeton NJ 08540</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 3600.00</p>
<p>C. Full Name of Donor Travis Anderson</p> <p>Mailing Address of Donor 14 Perry St.</p> <p>City State Zip Morristown NJ 07960</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 10000.00</p>
<p>D. Full Name of Donor Kenneth Jones</p> <p>Mailing Address of Donor Seahawk Ranch</p> <p>City State Zip Half Moon Bay CA 94019</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 10000.00</p>
<p>E. Full Name of Donor Alexander Van Rensselaer</p> <p>Mailing Address of Donor 12 Pier Way Landing</p> <p>City State Zip Westport CT 06880</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 10000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Packet (next page this line number only)</p> <p>(carry total from last page to Line 8)</p>	

SCHEDULE 9-A
Donation(s) Received

PAGE OF

<p>A. Full Name of Donor Mary Elizabeth Weiss</p> <p>Mailing Address of Donor 1304 Hawthorne Lane</p> <p>City State Zip Hinsdale IL 60521</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 40000.00</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only) 63500.00 (carry total from last page to Line 9)</p>	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 9 OF

A. Full Name (Last, First, Middle Initial) of Payee KETK				Date of Disbursement or Obligation 10 / 13 / 2004	
Mailing Address of Payee 102 N. College Ave.				Amount \$0.00	
City Tyler	State TX	Zip Code 75702	Communication Date 10 / 14 / 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) Television Advertisement, "Wrong," 10/14/2004 - 10/20/2004					
Name of Federal Candidate Max Sandlin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 1	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate John Kerry	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate George Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: TX District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
B. Full Name (Last, First, Middle Initial) of Payee KLTV				Date of Disbursement or Obligation 10 / 15 / 2004	
Mailing Address of Payee 105 W. Ferguson St.				Amount \$7500.00	
City Tyler	State TX	Zip Code 75702	Communication Date 10 / 14 / 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) Television Advertisement, "Wrong," 10/14/2004 - 10/20/2004					
Name of Federal Candidate Max Sandlin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 11	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate John Kerry	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate George Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: TX District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page the line number only) (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KYTX				Date of Disbursement or Obligation 10 15 2004	
Mailing Address of Payee 2211 ESE Loop 323				Amount 10000.00	
City Tyler	State TX	Zip Code 75701	Contribution Date 10 15 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including serial) of contribution(s) Television Advertisement, "Wrong," 10/14/2004 - 10/20/2004					
Name of Federal Candidate Max Sandlin	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State TX	District 1	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State TX	District 	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate George Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State TX	District 	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee KFXK				Date of Disbursement or Obligation 10 15 2004	
Mailing Address of Payee 701 N. Access Rd.				Amount 3000.00	
City Longview	State TX	Zip Code 75802	Contribution Date 10 15 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title) of contribution(s) Television Advertisement, "Wrong," 10/14/2004 - 10/20/2004					
Name of Federal Candidate Max Sandlin	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State TX	District 11	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State TX	District 	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate George Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State TX	District 	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE B-B

PAGE OF

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Cox Cable Systems			Date of Disbursement or Obligation 10 15 2004		
Mailing Address of Payee 201 Quality Circle			Amount 3248.00		
City College Station	State TX	Zip Code 77845	Communication Date 10 14 2004		
Name of Employer N/A			Occupation N/A		

Purpose of Disbursement (including use(s) of communication(s))
Television Advertisement, "Wrong," 10/14/2004 - 10/20/2004

Name of Federal Candidate Max Sandlin	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State TX	District 1	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate John Kerry	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State TX	District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate George Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State TX	District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee Red Sea			Date of Disbursement or Obligation 10 12 2004		
Mailing Address of Payee 1111 19th St., NW Ste. 211			Amount 10000.00		
City Washington	State DC	Zip Code 20006	Communication Date 10 12 2004		
Name of Employer N/A			Occupation N/A		

Purpose of Disbursement (including use(s) of communication(s))
Television Advertisement, "Wrong," (Production Costs)

Name of Federal Candidate Max Sandlin	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State TX	District 11	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate John Kerry	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State TX	District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate George Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State TX	District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) _____

TOTAL This Period (last page has line number only) _____
(carry total from last page to Line 10)

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payer KFOR			Date of Disbursement or Obligation 10 15 2004	
Mailing Address of Payer 414 East Britton Rd.			Amount 0740.00	
City Oklahoma City	State OK	Zip Code 73114	Communication Date 10 15 2004	
Name of Employer N/A			Occupation N/A	

Purpose of Disbursement (including title(s) of communication(s))
Television Advertisement, "imagine," 10/17/2004 - 10/18/2004

Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate John Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payer KJRH			Date of Disbursement or Obligation 10 18 2004	
Mailing Address of Payer 3701 S. Peoria Ave.			Amount 8725.76	
City Tulsa	State OK	Zip Code 74105	Communication Date 10 18 2004	
Name of Employer N/A			Occupation N/A	

Purpose of Disbursement (including title(s) of communication(s))
Television Advertisement, "imagine," 10/18/2004 - 10/18/2004

Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate John Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional)	
TOTAL This Period (last page the line number only) (carry total from last page to Line 10)	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE **07** OF

A. Full Name (Last, First, Middle Initial) of Payee KWTV				Date of Disbursement or Obligation 10/17/2004	
Mailing Address of Payee 7401 N. Kelley Ave.				Amount 138019.75	
City Oklahoma City	State OK	Zip Code 73111		Commission Date 10/18/2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Imagine," 10/17/2004 - 10/18/2004					
Name of Federal Candidate Brad Carson	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate John Kerry	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name (Last, First, Middle Initial) of Payee KOTV				Date of Disbursement or Obligation 10/16/2004	
Mailing Address of Payee 303 S. Frankfort				Amount 138019.75	
City Tulsa	State OK	Zip Code 74120		Commission Date 10/18/2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Imagine," 10/16/2004 - 10/16/2004					
Name of Federal Candidate Brad Carson	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate John Kerry	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
GROSS TOTAL of Disbursements/Obligations This Page (optional)				138019.75	
TOTAL This Period (see page 11a line number only) (carry over from last page to Line 10)				138019.75	

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.

<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
<p>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.</p>	

N/A
 PREPARER

N/A
 DATE PREPARED