



keating18-fcc@yahoo.com on 10/30/2008 04:07:16 PM

To: 2022190174@fcc.gov
cc:

Subject: Form 9 electioneering communications filing

See attached.

David

David Keating
Secretary
Club for Growth.NET
2001 L St NW, Suite 699



Washington DC 20036 2008-10-29.pdf

28039910158

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) <input type="checkbox"/> check if different than previously reported 2001 L Street, NW, Ste 699	2. FEC Identification Number C 30000269
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business N/A	(e) Occupation N/A
3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 10 " 09 " 2008 through 10 " 29 " 2008
5. (a) Date of Public Distribution(s) 10 " 29 " 2008	(b) Communication Title "Again"
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8. Custodian of Records	
(a) Name David Keating, Secretary	
(b) Address (number and street) 2001 L Street, NW, Ste 699	
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business Club for Growth	(e) Occupation Executive Director
9. Total Donations This Statement	67,500.00
10. Total Disbursements/Obligations This Statement	48,922.72

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

DAVID KEATING

SIGNATURE



DATE

10-30-08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

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

11. Person(s) Sharing/Exercising Control

A.	
(a) Name	Pat Toomey
(b) Address (number and street)	2001 L Street, NW, Ste 699
(c) City, State and ZIP Code	Washington, DC 20036
(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)	2001 L Street, NW, Ste 699
(c) City, State and ZIP Code	Washington, DC 20036
(d) Name of Employer or Principal Place of Business	EOE, Inc.
(e) Occupation	Executive
C.	
(a) Name	David Keating
(b) Address (number and street)	2001 L Street, NW, Ste 699
(c) City, State and ZIP Code	Washington, DC 20036
(d) Name of Employer or Principal Place of Business	Club for Growth
(e) Occupation	Executive Director
D.	
(a) Name	Sue Zimskind
(b) Address (number and street)	2001 L Street, NW, Ste 699
(c) City, State and ZIP Code	Washington, DC 20036
(d) Name of Employer or Principal Place of Business	n/a
(e) Occupation	Homemaker
E.	
(a) Name	Gary R. Faulkner
(b) Address (number and street)	2001 L Street, NW, Ste 699
(c) City, State and ZIP Code	Washington, DC 20036
(d) Name of Employer or Principal Place of Business	EOE, Inc.
(e) Occupation	Accounting

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor K. Tucker Andersen</p> <hr/> <p>Mailing Address of Donor 61 Above All Rd.</p> <hr/> <p>City State Zip Warren CT 06754-1710</p>	<p>Date of Receipt 10 20 2008</p> <p>Amount 10,000.00</p>
<p>B. Full Name of Donor Jackson Stephens, Jr.</p> <hr/> <p>Mailing Address of Donor 111 Center St., Ste. 1616</p> <hr/> <p>City State Zip Little Rock AR 72201</p>	<p>Date of Receipt 10 16 2008</p> <p>Amount 50,000.00</p>
<p>C. Full Name of Donor David Overmier</p> <hr/> <p>Mailing Address of Donor 937 Cardenas SE</p> <hr/> <p>City State Zip Albuquerque NM 87108</p>	<p>Date of Receipt 10 14 2008</p> <p>Amount 25,000.00</p>
<p>D. Full Name of Donor Norman Hoffer</p> <hr/> <p>Mailing Address of Donor PO Box 126127</p> <hr/> <p>City State Zip Harrisburg PA 17112</p>	<p>Date of Receipt 10 27 2008</p> <p>Amount 30,000.00</p>
<p>E. Full Name of Donor Robert Kirkpatrick</p> <hr/> <p>Mailing Address of Donor 28817 Oxford Rd.</p> <hr/> <p>City State Zip Louisburg KS 66053</p>	<p>Date of Receipt 10 16 2008</p> <p>Amount 20,000.00</p>
<hr/>	
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>67,500.00</p>
<hr/>	
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>67,500.00</p>

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee Red Sea			Date of Disbursement or Obligation 10 28 2008		
Mailing Address of Payee 4550 Montgomery Ave., Ste. 906			Amount 48,922.72		
City Bethesda	State MD	Zip Code 20814	Communication Date 10 29 2008		
Name of Employer n/a			Occupation n/a		
Purpose of Disbursement (Including title(s) of communication(s)) addition to tv ad air buy, "Again", 10/29/08-11/4/08					
Name of Federal Candidate Harry Mitchell		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 05	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) ▶	
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			Date of Disbursement or Obligation		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date		
Name of Employer			Occupation		
Purpose of Disbursement (Including title(s) of communication(s))					
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) ▶	
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) ▶	
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)			48,922.72		
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			48,922.72		

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
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>E-MAIL</i>	Date of Receipt or Postmarked <i>10/30/08</i>
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<i>JM</i> PREPARER	<i>10/30/08</i> DATE PREPARED
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