

The Club for Growth.NET
1776 K St., N.W.
Suite 300
Washington, DC 20005
Ph. (202) 852-5541



Fax

To:	FEC	From:	Stephen Moore
From:	202-216-0174	Pages:	12
Phone:		Date:	10/26/04
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 389

(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

C 03000280

3. Is This Statement New or Amended

4. Covering Period

10/10/04 through 10/26/04

5. (a) Date of Public Distribution(a)

10/26/2004

(b) Communication Title

"Indecision (Flip-Flop)"

6. Is the Filer a Qualified Nonprofit Corporation under 51 CFR 114.107

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 389

(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

1855287.00

10. Total Disbursements/Obligations This Statement

80126.25

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

STEPHEN MOORE

SIGNATURE

DATE

10/26/04

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

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

PAGE 2 OF 11

11. 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 Weiss	
(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 3 OF 11

11. Person(s) Sharing/Exercising Control

F. (a) Name David Keating	
(b) Address (number and street) Box 66028	
(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
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

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Donation(s) Received

A. Full Name of Donor Michael Valentine			Date of Receipt 10 20 2004	
Mailing Address of Donor 1861 Dexter Ave.			Amount 40000.00	
City Cincinnati	State OH	Zip 45206		
B. Full Name of Donor Robert McNair			Date of Receipt 10 20 2004	
Mailing Address of Donor Two Reliant Park			Amount 26000.00	
City Houston	State TX	Zip 77054-1573		
C. Full Name of Donor Thomas Ravenel			Date of Receipt 10 20 2004	
Mailing Address of Donor PO Box 896			Amount 10000.00	
City Charleston	State SC	Zip 29402		
D. Full Name of Donor Edgar Williams			Date of Receipt 10 20 2004	
Mailing Address of Donor 2900 Cove Cay Dr.			Amount 10000.00	
City Clearwater	State FL	Zip 33701		
E. Full Name of Donor Peter Barratt			Date of Receipt 10 20 2004	
Mailing Address of Donor One South Wacker Dr.			Amount 5000.00	
City Chicago	State IL	Zip 60606-4614		

SUBTOTAL of Donations This Page (optional)	
TOTAL This Period (see page 1 for line number only)	
(carry total from last page to Line 9)	

SCHEDULE B-A

Donation(s) Received

PAGE 5 OF 11

<p>A. Full Name of Donor Richard Cunniff</p> <p>Mailing Address of Donor 14 East Gate Rd.</p> <p>City State Zip Huntington NY 11743</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>
<p>B. Full Name of Donor Daniel Domenico</p> <p>Mailing Address of Donor 3109 Osceola St.</p> <p>City State Zip Denver CO 80212</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Larry Godwin</p> <p>Mailing Address of Donor 1330 Palmetto Ave.</p> <p>City State Zip Winter Park FL 32789-4918</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor Dennis Hill</p> <p>Mailing Address of Donor 1050 Rosecrans Street, Ste. M1</p> <p>City State Zip San Diego CA 92106-5020</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Michael Keiser</p> <p>Mailing Address of Donor 2450 Lakeview Ave.</p> <p>City State Zip Chicago IL 60614-2794</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)
(copy total from last page to Line 8)

SCHEDULE 9-A

PAGE **6** OF 11

Donation(s) Received

<p>A. Full Name of Donor John Galbraith</p> <p>Mailing Address of Donor 1 Bech Drive Bayfront Tower, #1B</p> <p>City State Zip Saint Petersburg FL 33701</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 5000.00</p>
<p>B. Full Name of Donor Larry Garatoni</p> <p>Mailing Address of Donor 315 West Jefferson Blvd.</p> <p>City State Zip South Bend IN 46601-1512</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 5000.00</p>
<p>C. Full Name of Donor James Marvin</p> <p>Mailing Address of Donor 2993 Broadmoor Valley Rd.</p> <p>City State Zip Colorado Springs CO 80906</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 5000.00</p>
<p>D. Full Name of Donor I.B. Simkowitz</p> <p>Mailing Address of Donor 6205 Lagorce Dr.</p> <p>City State Zip Miami FL 33140-2120</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 5000.00</p>
<p>E. Full Name of Donor Leonard Clow</p> <p>Mailing Address of Donor L 20, 600 Fifth Ave.</p> <p>City State Zip New York NY 10020</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (see page this form number only)
(carry total from last page to Line 9)

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Raeves</p> <p>Mailing Address of Donor 919 Lorien Dr. Box 35</p> <p>City State Zip Lower Gwynedd PA 19002</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>
<p>B. Full Name of Donor Leslie Rose</p> <p>Mailing Address of Donor One North Breakers Row</p> <p>City State Zip Palm Beach FL 3380-4072</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Aubrey McClendon</p> <p>Mailing Address of Donor PO Box 18756</p> <p>City State Zip Oklahoma City OK 73154</p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 250000.00</p>
<p>D. Full Name of Donor Tom Ward</p> <p>Mailing Address of Donor PO Box 54525</p> <p>City State Zip Oklahoma City OK 73154-1524</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 250000.00</p>
<p>E. Full Name of Donor Holland Coors</p> <p>Mailing Address of Donor 100 Castle Rock Dr.</p> <p>City State Zip Golden CO 80401</p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 10000.00</p>

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)

(carry total from last page to Line D)

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SCHEDULE B-A
Donation(s) Received

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A. Full Name of Donor Martin Boles <hr/> Mailing Address of Donor 777 Figueroa St. <hr/> City State Zip Los Angeles CA 90017	Date of Receipt <small>10 21 2004</small> <hr/> Amount 2000.00
B. Full Name of Donor Richard Offerdahl <hr/> Mailing Address of Donor 593 Lariat Circle <hr/> City State Zip Incline Village NV 89451	Date of Receipt <small>10 21 2004</small> <hr/> Amount 2000.00
C. Full Name of Donor G.J. Jensen <hr/> Mailing Address of Donor 6500 Belt Line Rd, Ste. 170 <hr/> City State Zip Irving TX 75063	Date of Receipt <small>10 22 2004</small> <hr/> Amount 1000000.00
D. Full Name of Donor William Walton <hr/> Mailing Address of Donor 84 Kalorama Circle, NW <hr/> City State Zip Washington DC 20008-1616	Date of Receipt <small>10 22 2004</small> <hr/> Amount 10000.00
E. Full Name of Donor Eleanor Donnelly <hr/> Mailing Address of Donor 1214 2nd St. <hr/> City State Zip Moultrie GA 31768	Date of Receipt <small>10 22 2004</small> <hr/> Amount 1000.00
SUBTOTAL of Donations This Page (optional) <input type="text"/> <hr/> TOTAL This Period (last page (last line number only) (carry total from last page to Line 2)) <input type="text"/>	

SCHEDULE 9-A

Donor(s) Received

<p>A. Full Name of Donor Dennis Gura</p> <p>Mailing Address of Donor 351-22nd St.</p> <p>City State Zip Santa Monica CA 90402-2507</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1000.00</p>
<p>B. Full Name of Donor L. Keith Smith</p> <p>Mailing Address of Donor 4810 N.E. 259th St.</p> <p>City State Zip Ridgefield WA 98642</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Scott Kilrea</p> <p>Mailing Address of Donor 910 Golf Lane</p> <p>City State Zip Wheaton IL 60187</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 5000.00</p>
<p>D. Full Name of Donor Augusta Pryzgoda</p> <p>Mailing Address of Donor 222 Garden St.</p> <p>City State Zip Hoboken NJ 07030</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2500.00</p>
<p>E. Full Name of Donor Thomas Kempner</p> <p>Mailing Address of Donor 61 Broadway</p> <p>City State Zip New York NY 10006</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1200.00</p>

<p>SUBTOTAL of Donors This Page (optional)</p>	<p>.....</p>
<p>TOTAL This Period (last page has the number only)</p> <p>(carry total from last page to Line 9)</p>	<p>.....</p>

SCHEDULE B-A

Donation(s) Received

A. Full Name of Donor

James Davidson

Mailing Address of Donor

321 South Saint Asaph St.

City

Alexandria

State

VA

Zip

22314

Date of Receipt

10 25 2004

Amount

1000.00

B. Full Name of Donor

David Zucker

Mailing Address of Donor

1411 5th St. Suite 402

City

Santa Monica

State

CA

Zip

90401

Date of Receipt

10 25 2004

Amount

2587.00

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page (the only number only) (carry total from last page to Line B)

165827.00

SCHEDULE B-B

PAGE 11 OF 11

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Time Warner Cable			Date of Disbursement or Obligation 10 26 2004		
Mailing Address of Payee 497 Circle Freeway Dr # 210			Amount \$6126.25		
City Cincinnati	State OH	Zip Code 45246	Communication Date 10 26 2004		
Name of Employer N/A			Occupation N/A		

Purpose of Disbursement (including title(s) of communication(s))
Television Advertisement, "Indecision (Flip Flop)". (air buy)

Name of Federal Candidate John Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OH	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) _____
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 Fine Lookin' Productions			Date of Disbursement or Obligation 10 26 2004		
Mailing Address of Payee 8044 Lasinge Ave.			Amount \$6126.25		
City Northridge	State CA	Zip Code 91325	Communication Date 10 26 2004		
Name of Employer N/A			Occupation N/A		

Purpose of Disbursement (including title(s) of communication(s))
Television Advertisement, "Indecision (Flip Flop)". (production costs)

Name of Federal Candidate John Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OH	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) _____
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 this line number only) _____
(Carry total from last page to Line 10)

6126.25

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 Priority Mail	Postmarked
<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
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<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>	
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