

The Club for Growth.NET
1776 K St. N.W.
Suite 300
Washington, DC 20006
Ph: (202) 452-6641



Fax

| | | | |
|--------|------------------------------------|--------|---------------|
| To: | FEC | From: | David Keating |
| Fax: | 202-219-0174 | Pages: | 7 |
| Phone: | | Date: | 10/14/04 |
| Re: | notice of electronic communication | CC: | |

It appears only 6 of the 7 pages
made it on the first fax, so I am
sending this again.

Doesn't appear the 2nd fax
'MADE' it. 3rd try

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 1776 K St. NW Suite 389 | 2. FEC Identification Number <input type="checkbox"/> N/A |
| (c) City, State and ZIP Code Washington, DC 20006 | |
| (d) Name of Employer or Principal Place of Business N/A | (e) Occupation N/A |
| 3. Is This Statement <input checked="" type="checkbox"/> New <input type="checkbox"/> Amended | 4. Covering Period 10/10/04 through 10/13/04 |
| 5. (a) Date of Public Distribution(s) 10/13/2004 | (b) Communication Title "BOM" |
| 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) 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 | 0.00 |
| 10. Total Disbursements/Obligations This Statement | 73001.00 |

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 10/14/04

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 1001.

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

PAGE 2 OF 6

11. Person(s) Sharing/Exercising Control

| | |
|--|-----------------------------------|
| A. (a) Name Stephan Moore | |
| (b) Address (number and street) Box 85028 | |
| (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 85028 | |
| (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 85028 | |
| (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 85028 | |
| (c) City, State and ZIP Code Washington, DC 20035 | |
| (d) Name of Employer or Principal Place of Business Hawthorne Pflanz | (e) Occupation Fruit Rancher |
| E. (a) Name Gary R. Faulkner | |
| (b) Address (number and street) Box 85028 | |
| (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 6

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 B-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 6

| | | | | | |
|---|---|---------------------------------|---------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee KSFY | | | | Date of Disbursement or Obligation 10 11 2004 | |
| Mailing Address of Payee 300 N. Dakota Ave., Ste. 100 | | | | Amount 18100.00 | |
| City Sioux Falls | State SD | Zip Code 57102 | | Communication Date 10 13 2004 | |
| Name of Employer N/A | | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Born," 10/13/2004 - 10/20/2004 | | | | | |
| Name of Federal Candidate Tom Daschle | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: SD | 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 KELO | | | | Date of Disbursement or Obligation 10 11 2004 | |
| Mailing Address of Payee 501 S. Phillips Ave. | | | | Amount 23095.00 | |
| City Sioux Falls | State SD | Zip Code 57104 | | Communication Date 10 13 2004 | |
| Name of Employer N/A | | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Born," 10/13/2004 - 10/20/2004 | | | | | |
| Name of Federal Candidate Tom Daschle | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: SD | 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 (000000) | | | | _____ | |
| TOTAL This Period (last page this line number only) (carry over from last page to Line 10) | | | | _____ | |

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 6

| | | | | | |
|---|---|--------------------------------------|---|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee KDLT | | | | Date of Disbursement or Obligation 10 11 2004 | |
| Mailing Address of Payee 3600 S. Westport | | | | Amount 7070.00 | |
| City Sioux Falls | State SD | Zip Code 57106 | | Communication Date 10 15 2004 | |
| Name of Employer N/A | | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Born," 10/13/2004 - 10/20/2004 | | | | | |
| Name of Federal Candidate Tom Daschle | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: SD 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 Mid-Continent Cable Systems | | | | Date of Disbursement or Obligation 10 11 2004 | |
| Mailing Address of Payee 425 South First Ave. | | | | Amount 9491.00 | |
| City Sioux Falls | State SD | Zip Code 57104 | | Communication Date 10 12 2004 | |
| Name of Employer N/A | | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Born," 10/13/2004 - 10/20/2004 | | | | | |
| Name of Federal Candidate Tom Daschle | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: SD 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 (Just type this line number only) (carry total from last page to Line 10) | | | | | |

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|-----------------------|--|---------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee Red Sea | | | | Date of Disbursement or Obligation 10/11/2004 | |
| Mailing Address of Payee 1111 16th St., NW, Ste. 211 | | | | Amount 3000.00 | |
| City Washington | State DC | Zip Code 20036 | | Communication Date 10/13/2004 | |
| Name of Employer N/A | | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Born," (TV Production costs) | | | | | |
| Name of Federal Candidate Tom Daschle | Office Bought: | <input type="checkbox"/> House <input checked="" 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 | Office Bought: | <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 Bought: | <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 Bought: | <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 Bought: | <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 Bought: | <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 (printed) | | | | 73001.00 | |
| TOYAL This Period (last page the line number only) (copy total from last page to Line 10) | | | | | |

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.

| | |
|--|---|
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