

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

2006 NOV -4 A 11:39

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

<b>1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations</b>	
(a) Name Club For Growth .NET	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 L St., NW, Suite 699	<b>2. FEC Identification Number</b> C30000269
(c) City, State and ZIP Code Washington, DC 20038	
(d) Name of Employer or Principal Place of Business N/A	(e) Occupation N/A
<b>3. Is This Statement</b> <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	<b>4. Covering Period</b> 10 / 29 / 2006 through 11 / 02 / 2006
<b>5. (a) Date of Public Distribution(s)</b> 11 / 02 / 2006	<b>(b) Communication Title</b> "Tax Cuts"
<b>6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>8. Custodian of Records</b>	
(a) Name David Keating, Secretary	
(b) Address (number and street) 2001 L St., NW, Suite 699	
(c) City, State and ZIP Code Washington, DC 20038	
(d) Name of Employer or Principal Place of Business Club for Growth	(e) Occupation Executive Director
<b>9. Total Donations This Statement</b>	60,000.00
<b>10. Total Disbursements/Obligations This Statement</b>	80,710.00

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

11/3/06

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)

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11. Person(s) Sharing/Exercising Control

<b>A.</b> (a) Name Pat Toomey	
(b) Address (number and street) 2001 L St., NW, Suite 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>B.</b> (a) Name Jackson T. Stephens, Jr.	
(b) Address (number and street) 2001 L St., NW, Suite 699	
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business EOE, Inc.	(e) Occupation President & CEO
<b>C.</b> (a) Name Susan Zimskind	
(b) Address (number and street) 2001 L St., NW, Suite 699	
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business Pro Growth Action Team	(e) Occupation Administrative Director
<b>D.</b> (a) Name David Keating	
(b) Address (number and street) 2001 L St., NW, Suite 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
<b>E.</b> (a) Name Gary R. Faulkner	
(b) Address (number and street) 2001 L St., NW, Suite 699	
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business EOE, Inc.	(e) Occupation Vice President

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Richard Weiss</b></p> <p>Mailing Address of Donor  <b>1304 Hawthorne Lane</b></p> <p>City State Zip  <b>Hinsdale, IL 60521</b></p>	<p>Date of Receipt  <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/></p> <p>Amount  <input type="text" value="10,000.00"/></p>
<p><b>B. Full Name of Donor</b>  <b>Jackson Stephens, Jr.</b></p> <p>Mailing Address of Donor  <b>111 Center St., Suite 1616</b></p> <p>City State Zip  <b>Little Rock, AR 72201</b></p>	<p>Date of Receipt  <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2008"/></p> <p>Amount  <input type="text" value="50,000.00"/></p>
<p><b>C. Full Name of Donor</b></p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>D. Full Name of Donor</b></p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>E. Full Name of Donor</b></p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶ <input type="text"/></p> <hr/> <p><b>TOTAL This Period (last page this line number only)</b> ..... ▶ <input type="text" value="60,000.00"/>          (carry total from last page to Line 9)</p>	

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**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Red Sea				<b>Date of Disbursement or Obligation</b> 11 / 02 / 2008	
<b>Mailing Address of Payee</b> 1111 19th St., NW, Ste. 211				<b>Amount</b> 80,710.00	
<b>City</b> Washington, DC 20036		<b>State</b> DC		<b>Zip Code</b> 20036	
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A		<b>Communication Date</b> 11 / 02 / 2008	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Television Advertisement, "Tax Cuts", Air Buy 11/2/08-11/6/08					
<b>Name of Federal Candidate</b> Scott Kieeb		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____					
<b>Mailing Address of Payee</b> _____					
<b>City</b> _____		<b>State</b> _____		<b>Zip Code</b> _____	
<b>Name of Employer</b> _____		<b>Occupation</b> _____		<b>Date of Disbursement or Obligation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶				_____	
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)				80,710.00	

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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™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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): <i>E-mail</i>	Date of Receipt or Postmarked <i>11/3/06</i>

<i>[Signature]</i>	<i>11/4/06</i>
<b>PREPARER</b>	<b>DATE PREPARED</b>

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