



keating18-fec@yahoo.com on 08/07/2008 05:35:49 PM

To: 2022190174@fec.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 2008-08-06.pdf

28039811544

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

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

N/A

2. FEC Identification Number

C 30000269

3. Is This Statement



New

or



Amended

4. Covering Period

08 05 2008

through

08 06 2008

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

08 06 2008

(b) Communication Title "Waste"

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)

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

400,000.00

10. Total Disbursements/Obligations This Statement

227,831.00

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

8/7/08

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

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

PAGE 2 OF 4

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 600	
(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

PAGE 3 OF 4

A. Full Name of Donor Bob Perry <hr/> Mailing Address of Donor PO Box 34153 <hr/> City State Zip Houston, TX 77234	Date of Receipt 0 8 / 0 5 / 2 0 0 8 Amount , 4 0 0 , 0 0 0 . 0 0												
B. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt Amount												
C. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt Amount												
D. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt Amount												
E. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt Amount												
<table border="0"> <tr> <td>SUBTOTAL of Donations This Page (optional)</td> <td>▶</td> <td>, 4 0 0 , 0 0 0 . 0 0</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>TOTAL This Period (last page this line number only)</td> <td>▶</td> <td>, 4 0 0 , 0 0 0 . 0 0</td> </tr> <tr> <td colspan="3">(carry total from last page to Line 9)</td> </tr> </table>		SUBTOTAL of Donations This Page (optional)	▶	, 4 0 0 , 0 0 0 . 0 0	<hr/>			TOTAL This Period (last page this line number only)	▶	, 4 0 0 , 0 0 0 . 0 0	(carry total from last page to Line 9)		
SUBTOTAL of Donations This Page (optional)	▶	, 4 0 0 , 0 0 0 . 0 0											
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TOTAL This Period (last page this line number only)	▶	, 4 0 0 , 0 0 0 . 0 0											
(carry total from last page to Line 9)													

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

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee Red Sea, LLC		Date of Disbursement or Obligation M M Y Y 08 01 2008	
Mailing Address of Payee 4550 Montgomery Ave., North Tower, Ste. 906		Amount 227,831.00	
City Bethesda	State MD	Zip Code 20814	
Name of Employer n/a		Occupation n/a	
Purpose of Disbursement (Including title(s) of communication(s)) Television ad air buy, production costs, "Waste", 8/6/08-8/12/08			
Name of Federal Candidate Mark Udall	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 00	Disbursement/Obligation For: <input checked="" 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) ▶
B. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation M M Y Y _____	
Mailing Address of Payee		Amount	
City	State	Zip Code	
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)		227,831.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		227,831.00	

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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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-mailed from 9</i>	Date of Receipt or Postmarked <i>8/8/08</i>
<i>[Signature]</i> PREPARER	<i>8/8/08</i> DATE PREPARED