



KeatingDL@net.com on 10/27/2004 09:16:49 PM

To: 2022190174@fbc.gov

cc:

Subject: Electioneering Communication Report

The fax does not pick up, so we are attempting to send it via email.

David

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David Keating  
Secretary  
Club for Growth.NET  
1776 K St. NW, Suite 399  
Washington DC 20006  
202-955-5841  
202-517-9100 fax



- FEC file.pdf

The Club for Growth.NET  
1778 K St., N.W.  
Suite 300  
Washington, DC 20005  
Ph: (202) 555-5547

The Club for Growth.NET

# Fax

To:	FEC	From:	David Keating
Fax:	202-219-0174	Pages:	3
Phone:		Date:	10/27/04
Re:	notice of electioneering 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 399**

(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**  
**C3000866**

**3. Is This Statement**  **New** or  **Amended**

**4. Covering Period** from 10/28/2004 through 10/28/2004

**5. (a) Date of Public Distribution** 10/28/2004 **(b) Communication Title** "Census Vaccine", "Fakes", "Printed"

**6. Is the Filer a Qualified Nonprofit Corporation under 11 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 399**

(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** **21,000.00**

**10. Total Disbursements/Obligations This Statement** **278,184.04**

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

**10/27/04**

NOTE: Submission of this statement is deemed to constitute consent by the person signing the statement to the penalties of 18 U.S.C. § 473g

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

PAGE 2 of 7

## 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 Hewthorne Ranch	(e) Occupation Fruit Rancher
E. (a) Name Gary R. Faulkner	
(b) Address (number and street) Box 66028	
(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 7

**11. Person(s) Sharing/Exercising Control**

<p>9. (a) Name David Keating</p> <p>(b) Address (number and street) Box 65023</p> <p>(c) City, State and ZIP Code Washington, DC 20035</p> <p>(d) Name of Employer or Principal Place of Business Club for Growth</p>	<p>(e) Occupation Executive Director</p>
<p>10. (a) Name</p> <p>(b) Address (number and street)</p> <p>(c) City, State and ZIP Code</p> <p>(d) Name of Employer or Principal Place of Business</p>	<p>(e) Occupation</p>
<p>11. (a) Name</p> <p>(b) Address (number and street)</p> <p>(c) City, State and ZIP Code</p> <p>(d) Name of Employer or Principal Place of Business</p>	<p>(e) Occupation</p>
<p>12. (a) Name</p> <p>(b) Address (number and street)</p> <p>(c) City, State and ZIP Code</p> <p>(d) Name of Employer or Principal Place of Business</p>	<p>(e) Occupation</p>
<p>13. (a) Name</p> <p>(b) Address (number and street)</p> <p>(c) City, State and ZIP Code</p> <p>(d) Name of Employer or Principal Place of Business</p>	<p>(e) Occupation</p>

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

PAGE **4** OF **7**

<p><b>A. Full Name of Donor</b> <b>Frank Baxter</b></p> <p>Mailing Address of Donor <b>11100 Santa Monica Blvd.</b></p> <p>City State Zip <b>Los Angeles CA 90025</b></p>	<p>Date of Receipt 10 26 2004</p> <p>Amount <b>15000.00</b></p>
<p><b>B. Full Name of Donor</b> <b>Dick Vinlein</b></p> <p>Mailing Address of Donor <b>1396 N. Waukegan Rd.</b></p> <p>City State Zip <b>Lake Forest IL 60045</b></p>	<p>Date of Receipt 10 29 2004</p> <p>Amount <b>5000.00</b></p>
<p><b>C. Full Name of Donor</b> <b>S. Kenneth Leech</b></p> <p>Mailing Address of Donor <b>1905 North Country Lane</b></p> <p>City State Zip <b>Pasadena CA 91107</b></p>	<p>Date of Receipt 10 28 2004</p> <p>Amount <b>1000.00</b></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</p> <p>Amount</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</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p></p>
<p>TOTAL This Period (last page the last number only) ..... (carry over from last page to Line B)</p>	<p><b>21000.00</b></p>

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 7

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Red Sea</b>				<b>Date of Disbursement or Obligation</b> 10 25 2004	
<b>Mailing Address of Payee</b> 1111 19th St., NW, Ste. 211				<b>Amount</b> 14000.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20036		<b>Communication Date</b> 10 25 2004	
<b>Name of Employer</b> N/A				<b>Occupation</b> N/A	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Television Advertisement, "Principled" (air buy)					
<b>Name of Federal Candidate</b> Tom Delay	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> TX <b>District</b> 22	<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> George Bush	<b>Office Sought</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> TX <b>District</b> _____	<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>State</b> _____ <b>District</b> _____	<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>Red Sea</b>				<b>Date of Disbursement or Obligation</b> 10 25 2004	
<b>Mailing Address of Payee</b> 1111 19th St., NW, Ste. 211				<b>Amount</b> 3200.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20036		<b>Communication Date</b> 10 25 2004	
<b>Name of Employer</b> N/A				<b>Occupation</b> N/A	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Radio Advertisement, "Failure" (production costs)					
<b>Name of Federal Candidate</b> Nick Lampson	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> TX <b>District</b> 2	<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> George Bush	<b>Office Sought</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> TX <b>District</b> _____	<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> John Kerry	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> TX <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" 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)					

**SCHEDULE 9-B**

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

PAGE **6** OF **7**

A. Full Name (Last, First, Middle Initial) of Payee <b>Red Sea</b>		Date of Disbursement or Obligation MONTH DAY YEAR 10 28 2004	
Mailing Address of Payee <b>1111 18th St., NW, Ste. 211</b>		Amount \$0000.00	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Communication Date MONTH DAY YEAR 10 28 2004
Name of Employer <b>N/A</b>	Occupation <b>N/A</b>		
Purpose of Disbursement (including title(s) of communication(s)) <b>Radio Advertisement, "Failure" (air buy)</b>			
Name of Federal Candidate <b>Nick Lampson</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 2	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate <b>George Bush</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: TX District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate <b>John Kerry</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: TX District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee <b>Warfield and Co.</b>		Date of Disbursement or Obligation MONTH DAY YEAR 10 28 2004	
Mailing Address of Payee <b>1945 Cokes Neck Lane</b>		Amount \$4000.00	
City <b>Boyce</b>	State <b>VA</b>	Zip Code <b>22620</b>	Communication Date MONTH DAY YEAR 10 28 2004
Name of Employer <b>N/A</b>	Occupation <b>N/A</b>		
Purpose of Disbursement (including title(s) of communication(s)) <b>Television Advertisement, "Carson Vaccine" (production costs)</b>			
Name of Federal Candidate <b>Brad Carson</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OK 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 over from last page to Line 10)			



SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 7 of 7

<b>A. Full Name (Last, First, Middle initial) of Payee</b> <b>Saxum Strategic Communications</b>		<b>Date of Disbursement or Obligation</b> MONTH: 05 YEAR: 2004	
<b>Mailing Address of Payee</b> <b>8308 Waterford Blvd., Ste. 220</b>		<b>Amount</b> \$1000.00	
<b>City</b> <b>Oklahoma City</b>	<b>State</b> <b>OK</b>	<b>Zip Code</b> <b>73118</b>	<b>Contribution Date</b> MONTH: 05 YEAR: 2004
<b>Name of Employer</b> <b>N/A</b>		<b>Occupation</b> <b>N/A</b>	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Television Advertisement, "Carson Vaccine" (air buy)</b>			
<b>Name of Federal Candidate</b> <b>Brad Carson</b>	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> OK <b>District:</b>	<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>	<b>State:</b> <b>District:</b>	<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>	<b>State:</b> <b>District:</b>	<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>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Contribution Date</b>
<b>Name of Employer</b>		<b>Occupation</b>	
<b>Purpose of Disbursement (including title(s) of communication(s))</b>			
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State:</b> <b>District:</b>	<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>	<b>State:</b> <b>District:</b>	<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>	<b>State:</b> <b>District:</b>	<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 50)		<b>473,184.01</b>	

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™ 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
<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>RECEIVED E. MAIL</i>	Date of Receipt or Postmarked <i>10-27-04</i>
<i>Jel</i> PREPARER	<i>10-28-04</i> DATE PREPARED