



KeatingDL@aol.com on 10/27/2006 04:55:14 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
301-717-7410



202-517-9100 fax 061028 Form 9 ClubforGrowth.net.pdf

26039262815

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 St., NW, Suite 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

C30000289

3. Is This Statement New
or
 Amended

4. Covering Period

10 28 2006
through
10 28 2006

5. (a) Date of Public Distribution(s) 10 28 2006

(b) Communication Title "Tax Cuts"

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)

2001 L St., NW, Suite 699

(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

124,570.00

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

10/27/06

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)

11. Person(s) Sharing/Exercising Control

A.	
(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.	
(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
C.	
(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
D.	
(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
E.	
(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-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Red Sea				Date of Disbursement or Obligation <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>	
Mailing Address of Payee 1111 19th St, NW, Ste. 211				Amount 124,570.00	
City Washington, DC 20036		State		Zip Code	
Name of Employer N/A		Occupation N/A		Communication Date <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Tax Cuts", 10/28/06-11/06/2006, air buy and production costs					
Name of Federal Candidate Scott Kleeb		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
State: NE District: 03					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
State: _____ District: _____					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
State: _____ District: _____					
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee				Date of Disbursement or Obligation	
City				Amount	
State		Zip Code		Communication Date	
Name of Employer		Occupation		<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	
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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
State: _____ District: _____					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
State: _____ District: _____					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
State: _____ District: _____					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				124,570.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				124,570.00	

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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
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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-mail</i>	Date of Receipt or Postmarked <i>10/27/06</i>

JAD
 PREPARER

11/02/06
 DATE PREPARED

26039262919