

The Club for Growth.NET  
1778 K St., N.W.  
Suite 300  
Washington, DC 20006  
Ph: (202) 955-6844



# Fax

To:	FEC	From:	David Keating
Part:	202-219-0174	Pages:	9
Phone:		Date:	10/29/04
Re:	notice of electronic communication	CD:	

2nd TRY  
I think only 8 of the 9  
pages made it through  
on the previous try.

# FEC FORM 9

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

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursements/Obligations

(a) Name  
Club For Growth .NET

(b) Address (number and street)  Check if different than previously recorded  
1776 K St. NW Suit 389

(c) Civ. State and ZIP Code  
Washington, DC 20008

(d) Name of Employer or Principal Place of Business  
N/A

(e) Occupation  
N/A

### 2. FEC Identification Number

C 1000289

3. Is This Statement  New  
or  
 Amended

### 4. Covering Period

10/28/2004 through 10/28/2004

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

10/28/2004

### (b) Communication Title

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)  
1776 K St. NW Suite 389

(c) Civ. 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 184500.00

10. Total Disbursements/Obligations This Statement 518490.00

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

SIGNATURE

DATE

NOTE: Submission of false, incomplete or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 8437g

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

PAGE 1 OF 6

11. Person(s) Sharing/Exercising Control

A. (a) Name Stephen 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 David Keating	
(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 Executive Director
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 Ranch	(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

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

PAGE **3 of 8**

<p>A. Full Name of Donor <b>Vincent Gierer</b></p> <p>Mailing Address of Donor <b>100 W. Putnam Ave.</b></p> <p>City State Zip <b>Greenwich CT 06830</b></p>	<p>Date of Receipt 10 28 2004</p> <p>Amount <b>10000.00</b></p>
<p>B. Full Name of Donor <b>Paul Leach</b></p> <p>Mailing Address of Donor <b>PO Box 1587</b></p> <p>City State Zip <b>Glen Ellen CA 95442</b></p>	<p>Date of Receipt 10 28 2004</p> <p>Amount <b>1000.00</b></p>
<p>C. Full Name of Donor <b>Martha Appar</b></p> <p>Mailing Address of Donor <b>16 Hillcrest Rd.</b></p> <p>City State Zip <b>Martinsville NJ 08836</b></p>	<p>Date of Receipt 10 28 2004</p> <p>Amount <b>1000.00</b></p>
<p>D. Full Name of Donor <b>Louis Woodhill</b></p> <p>Mailing Address of Donor <b>7 Hampton Ct.</b></p> <p>City State Zip <b>Houston TX 77024</b></p>	<p>Date of Receipt 10 28 2004</p> <p>Amount <b>15000.00</b></p>
<p>E. Full Name of Donor <b>Michael Stevens</b></p> <p>Mailing Address of Donor <b>1160 Dairyashford, Ste. 601</b></p> <p>City State Zip <b>Houston TX 77079</b></p>	<p>Date of Receipt 10 28 2004</p> <p>Amount <b>14000.00</b></p>
<p><b>SUBTOTAL of Donations This Page (000000)</b> .....</p>	
<p><b>TOTAL This Period (Total page this line number only)</b> .....</p> <p>(Carry total from last page to Line 9)</p>	

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

PAGE 4 of 8

<p>A. Full Name of Donor <b>Richard Verheij</b></p> <p>Mailing Address of Donor <b>100 W. Putnam Ave.</b></p> <p>City State Zip <b>Greenwich CT 06830</b></p>	<p>Date of Receipt 10 29 2004</p> <p>Amount <b>10000.00</b></p>
<p>B. Full Name of Donor <b>Edward Kratovil</b></p> <p>Mailing Address of Donor <b>17 Fletcher Ave.</b></p> <p>City State Zip <b>Greenwich CT 06831</b></p>	<p>Date of Receipt 10 29 2004</p> <p>Amount <b>3500.00</b></p>
<p>C. Full Name of Donor <b>Richard Kohlberger</b></p> <p>Mailing Address of Donor <b>77 Londonerry Dr.</b></p> <p>City State Zip <b>Greenwich CT 06830</b></p>	<p>Date of Receipt 10 29 2004</p> <p>Amount <b>5000.00</b></p>
<p>D. Full Name of Donor <b>Judith Callan</b></p> <p>Mailing Address of Donor <b>1711 E. Dean Rd.</b></p> <p>City State Zip <b>Fox Point WI 53217</b></p>	<p>Date of Receipt 10 29 2004</p> <p>Amount <b>1000.00</b></p>
<p>E. Full Name of Donor</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><b>15000.00</b></p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line B)</p>	<p><b>184500.00</b></p>

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SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Red Sea</b>				<b>Date of Disbursement or Obligation</b> 10 28 2004	
<b>Mailing Address of Payee</b> 1111 19th St., NW, Ste. 211				<b>Amount</b> 12000.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20038	<b>Communication Date</b> 10 28 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 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>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 28 2004	
<b>Mailing Address of Payee</b> 1111 19th St., NW, Ste. 211				<b>Amount</b> 12000.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20038	<b>Communication Date</b> 10 28 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, "Born" (air buy)					
<b>Name of Federal Candidate</b> Inez Tenenbaum	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> SC <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>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>SUBTOTAL of Disbursements/Obligations This Page (carry over)</b>					
<b>TOTAL This Period (last page with line number only)</b> (carry total from last page to Line 10)					

**SCHEDULE 9-B**

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**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> 10/29/2004	
<b>Mailing Address of Payee</b> 1111 19th St., NW, Ste. 211				<b>Amount</b> 43800.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20036	<b>Communication Date</b> 10/30/2004		
<b>Name of Employer</b> N/A				<b>Occupation</b> N/A	
<b>Purpose of Disbursement (including title) of communication(s)</b> Radio Advertisement, "Failure" (air buy)					
<b>Name of Federal Candidate</b> Nick Lampson	<b>Office Sought:</b> <input 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>B. Full Name (Last, First, Middle Initial) of Payee</b> Red Sea				<b>Date of Disbursement or Obligation</b> 10/29/2004	
<b>Mailing Address of Payee</b> 1111 19th St., NW, Ste. 211				<b>Amount</b> 36610.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20036	<b>Communication Date</b> 10/30/2004		
<b>Name of Employer</b> N/A				<b>Occupation</b> N/A	
<b>Purpose of Disbursement (including title) of communication(s)</b> Television Advertisement, "Results" (air buy)					
<b>Name of Federal Candidate</b> Ariane Wohlgemuth	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> TX	<b>District</b> 17	<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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				_____	
<b>TOTAL This Period (air page the line number only)</b> (Carry over from last page to line 10)				_____	

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Wartfield and Co.				<b>Date of Disbursement or Obligation</b> 10 28 2004	
<b>Mailing Address of Payee</b> 1945 Coimas Neck Lane				<b>Amount</b> 6000.00	
<b>City</b> Boyce		<b>State</b> VA	<b>Zip Code</b> 22620		
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A	<b>Communication Date</b> 10 28 2004		
<b>Purpose of Disbursement (including title) of communication(s):</b> Television Advertisement, "Daschle Vaccine" (production costs)					
<b>Name of Federal Candidate</b> Tom Daschle		<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> SD <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>Disbursement/Obligation For:</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought</b>	<b>State</b>	<b>Disbursement/Obligation For:</b>	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Patrick Media				<b>Date of Disbursement or Obligation</b> 10 28 2004	
<b>Mailing Address of Payee</b> PO Box 317-200 W. Jefferson				<b>Amount</b> 6000.75	
<b>City</b> Marshfield		<b>State</b> MO	<b>Zip Code</b> 65708		
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A	<b>Communication Date</b> 10 28 2004		
<b>Purpose of Disbursement (including title) of communication(s):</b> Television Advertisement, "Daschle Vaccine" (air buy)					
<b>Name of Federal Candidate</b> Tom Daschle		<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> SD <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>Disbursement/Obligation For:</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought</b>	<b>State</b>	<b>Disbursement/Obligation For:</b>	
<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 B-B

Disbursement(s) Made or Obligation(s)

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**A. Full Name (Last, First, Middle Initial) of Payee**  
Visual Image

**Address of Payee**  
6701 N. Broadway Ste. 400

**City** Oklahoma City **State** OK **Zip Code** 73118

**Name of Employer** N/A **Occupation** N/A

**Date of Disbursement or Obligation**  
10 28 2004

**Amount**  
\$5,000.00

**Communication Date**  
10 30 2004

**Purpose of Disbursement (including title) of communication(s)**  
Television Advertisement, "Spot 1" (air buy), "Carson Vaccine" (air buy)

<b>Name of Federal Candidate</b> Brad Carson	<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> George Bush	<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> John Kerry/John Edwards	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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. Full Name (Last, First, Middle Initial) of Payee**

**Address of Payee**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Name of Employer** N/A **Occupation** N/A

**Date of Disbursement or Obligation**

**Amount**

**Communication Date**

**Purpose of Disbursement (including title) of communication(s)**

<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b>	<b>Disbursement/Obligation For</b>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	_____	<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>Disbursement/Obligation For</b>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	_____	<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>Disbursement/Obligation For</b>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	_____	<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 total from last page to Line 16)

518490.00

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
<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):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
 DATE PREPARED