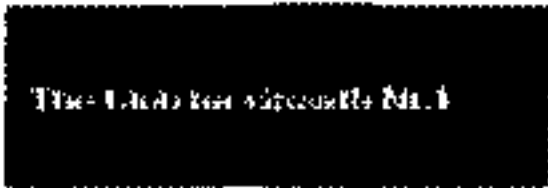


The Club for Growth, NET  
1776 K St. NW,  
Suite 899  
Washington, DC 20008  
Ph: (202) 855-5041



# Fax

<b>To:</b> FEC	<b>From:</b> David Keating
<b>Fax:</b> 202-219-0174	<b>Pages:</b> 2
<b>Phone:</b>	<b>Date:</b> 10/20/04
<b>Re:</b> notice of electioneering communication	<b>CC:</b>

# 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

2. FEC Identification Number

C 0300266

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

3. Is This Statement  
 New  
or  
 Amended

4. Covering Period

10 12 2004

through

12 19 2004

5. (a) Date of Public Distribution(s) 10 19 2004

(b) Communication Title "Dancing Queen", "Babe Zeno", "Principled"

6. Is the Filer a Qualified Nonprofit Corporation under 17 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

200000.00

10. Total Disbursements/Obligations This Statement

870,750.00

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

10/20/04

NOTE: Submission of false, erroneous or incomplete information may subject the filer to liability for sanctions in the penalties of 2 U.S.C. §437g

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

PAGE 2 of 8

## 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 Hawthorne Ranch	(e) Occupation Fruit Rancher
E. (a) Name Gary R. Faulkner	
(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 Vice President

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

PAGE 3 OF 8

11. Person(s) Sharing/Exercising Control

1. (a) Name  
David Keating

(b) Address (number and street)  
Box 6502B

(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

2. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

4. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

5. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

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

PAGE 4 of 8

<p><b>A. Full Name of Donor</b>  <b>K. Earl Durden</b></p> <p>Mailing Address of Donor  <b>2605 Thomas Dr.</b></p> <p>City State Zip  <b>Panama City FL 32408</b></p>	<p>Date of Receipt                  10 12 2004</p> <p>Amount  <b>50000.00</b></p>
<p><b>B. Full Name of Donor</b>  <b>Jackson Stephens</b></p> <p>Mailing Address of Donor  <b>111 Center St., Ste. 1616</b></p> <p>City State Zip  <b>Little Rock AR 72201</b></p>	<p>Date of Receipt                  10 18 2004</p> <p>Amount  <b>100000.00</b></p>
<p><b>C. Full Name of Donor</b>  <b>Joseph Dimenna</b></p> <p>Mailing Address of Donor  <b>1049 Fifth Ave.</b></p> <p>City State Zip  <b>New York NY 10028</b></p>	<p>Date of Receipt                  10 18 2004</p> <p>Amount  <b>50000.00</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><b>SUBTOTAL of Donations This Page (optional)</b> <b>200000.00</b></p> <p><b>TOTAL This Period (last page of this line number only)</b> <b>200000.00</b>                  (carry total from last page to Line B)</p>	

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Visual Image			<b>Date of Disbursement or Obligation</b> 10 19 2004		
<b>Mailing Address of Payee</b> 6701 N. Broadway Ste. 400			<b>Amount</b> 40000.00		
<b>City</b> Oklahoma City	<b>State</b> OK	<b>Zip Code</b> 73118	<b>Communication Date</b> 10 19 2004		
<b>Name of Employer</b> N/A			<b>Occupation</b> N/A		

**Purpose of Disbursement (including title(s) of communication(s))**  
 Television Advertisement, "Dancing Brad", Spot 1, Spot 2, Spot 3 (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>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>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>B. Full Name (Last, First, Middle Initial) of Payee</b> Visual Image			<b>Date of Disbursement or Obligation</b> 10 20 2004		
<b>Mailing Address of Payee</b> 6701 N. Broadway Ste. 400			<b>Amount</b> 40000.00		
<b>City</b> Oklahoma City	<b>State</b> OK	<b>Zip Code</b> 73118	<b>Communication Date</b> 10 20 2004		
<b>Name of Employer</b> N/A			<b>Occupation</b> N/A		

**Purpose of Disbursement (including title(s) of communication(s))**  
 Television Advertisement, "Dancing Brad", Spot 1, Spot 2, Spot 3 (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>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>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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>	
<b>TOTAL This Period (see page 1 for line number only)</b> (copy total from last page to line 10)	

SCHEDULE B-B

PAGE 6 of 8

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>Visual Image</b>			Date of Disbursement or Obligation 10 19 2004		
Mailing Address of Payee <b>6701 N. Broadway Ste. 400</b>			Amount <b>\$6000.00</b>		
City <b>Oklahoma City</b>	State <b>OK</b>	Zip Code <b>73116</b>	Communication Date 10 19 2004		
Name of Employer <b>N/A</b>			Occupation <b>N/A</b>		

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

Television Advertisement, "Dancing Brad", Spot 1, Spot 2, Spot 3 (production costs)

Name of Federal Candidate <b>Brad Carson</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OK</b> District: _____	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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OK</b> 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) _____

B. Full Name (Last, First, Middle Initial) of Payee <b>Warfield and Co.</b>			Date of Disbursement or Obligation 10 19 2004		
Mailing Address of Payee <b>1945 Colinas Neck Lane</b>			Amount <b>\$800.00</b>		
City <b>Boyce</b>	State <b>VA</b>	Zip Code <b>22820</b>	Communication Date 10 19 2004		
Name of Employer <b>N/A</b>			Occupation <b>N/A</b>		

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

Radio Advertisement, "Nine Zeros" (Production costs)

Name of Federal Candidate <b>Brad Carson</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OK</b> 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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OK</b> 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) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) \_\_\_\_\_

TOTAL This Period (Use page this line number only) \_\_\_\_\_  
(carry total from last page to Line 10)

**SCHEDULE B-B**

PAGE 7 of 8

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Red Sea				Date of Disbursement or Obligation 10 18 2004	
Mailing Address of Payee 1111 18th St., NW, Ste. 211				Amount 190750.00	
City Washington	State DC	Zip Code 20036		Communication Date 10 18 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Principled" (air buy)					
Name of Federal Candidate Tom DeLay	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State TX District 22	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate George Bush	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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 _____	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>B. Full Name (Last, First, Middle Initial) of Payee</b> Red Sea				Date of Disbursement or Obligation 10 18 2004	
Mailing Address of Payee 1111 19th St., NW, Ste. 211				Amount 10000.00	
City Washington	State DC	Zip Code 20036		Communication Date 10 18 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Principled" (production costs)					
Name of Federal Candidate Tom DeLay	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State TX District 22	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate George Bush	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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 _____	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) _____		
GROSS TOTAL of Disbursements/Obligations This Page (optional) .....					
TOTAL This Period (last page this line number only) ..... (carry over from last page to Line 10)					



**SCHEDULE 9-B**

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

PAGE 8 OF 8

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Patrick Medla		Date of Disbursement or Obligation (M/D/Y) 10/18/2004
Mailing Address of Payee PO Box 517, 216 W. Washington		Amount \$870.00
City Marshfield	State MO	Zip Code 65706
Name of Employer N/A		Occupation N/A
Purpose of Disbursement (including title(s) of communication(s)) Radio Advertisement, "Nine Zeros" (air buy)		
Name of Federal Candidate Brad Carson	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) _____
Name of Federal Candidate John Kerry	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) _____
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) _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>		Date of Disbursement or Obligation
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	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	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	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursement/Obligations This Page (optional)		\$70750.00
TOTAL This Period (last page will have number only) (carry total from last page to Line 10)		_____

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
<p>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.</p>	
N/A PREPARER	N/A DATE PREPARED