



David Keating <david@keating.us> on 09/12/2008 06:31:37 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 2008-09-12.pdf

28039831944

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

09 10 2008

through

09 12 2008

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

09 12 2008

(b) Communication Title "Add Up"

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

58,000.00

10. Total Disbursements/Obligations This Statement

212,831.00

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

9-12-08

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 699	
(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 Thomas Hill <hr/> Mailing Address of Donor PO Box 2941 <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Charlottesville</td> <td>VA</td> <td>22902</td> </tr> </table>	City	State	Zip	Charlottesville	VA	22902	Date of Receipt 09 11 2008 <hr/> Amount 1,000.00
City	State	Zip					
Charlottesville	VA	22902					
B. Full Name of Donor Mary Beth Weiss <hr/> Mailing Address of Donor 1304 Hawthorne Lane <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Hinsdale</td> <td>IL</td> <td>60521</td> </tr> </table>	City	State	Zip	Hinsdale	IL	60521	Date of Receipt 09 11 2008 <hr/> Amount 500.00
City	State	Zip					
Hinsdale	IL	60521					
C. Full Name of Donor Robert Adams <hr/> Mailing Address of Donor 11 Applewood Lane <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Portola Valley</td> <td>CA</td> <td>94028</td> </tr> </table>	City	State	Zip	Portola Valley	CA	94028	Date of Receipt 09 11 2008 <hr/> Amount 1,000.00
City	State	Zip					
Portola Valley	CA	94028					
D. Full Name of Donor Lammot Copeland, Jr. <hr/> Mailing Address of Donor PO Box 1992 <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Wilmington</td> <td>DE</td> <td>19899-1992</td> </tr> </table>	City	State	Zip	Wilmington	DE	19899-1992	Date of Receipt 09 11 2008 <hr/> Amount 500.00
City	State	Zip					
Wilmington	DE	19899-1992					
E. Full Name of Donor Neal Kottke <hr/> Mailing Address of Donor 155 North Harbor Dr. <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Chicago</td> <td>IL</td> <td>60601</td> </tr> </table>	City	State	Zip	Chicago	IL	60601	Date of Receipt 09 12 2008 <hr/> Amount 1,000.00
City	State	Zip					
Chicago	IL	60601					
SUBTOTAL of Donations This Page (optional) ▶ 5,800.00							
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9) 5,800.00							

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SCHEDULE 9-B


Disbursement(s) Made or Obligation(s)

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

A. Full Name (Last, First, Middle Initial) of Payee Red Sea, LLC				Date of Disbursement or Obligation M M : D D : Y Y Y Y 09 10 2008	
Mailing Address of Payee 4550 Montgomery Ave., Ste. 906				Amount 212,831.00	
City Bethesda	State MD	Zip Code 20814		Communication Date M M : D D : Y Y Y Y 09 12 2008	
Name of Employer n/a				Occupation n/a	
Purpose of Disbursement (Including title(s) of communication(s)) Television Ad air buy/production costs, "Add Up", 9/12/08-9/18/08					
Name of Federal Candidate Jeanne Shaheen		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: NH District: 00	
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) ▶					
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation M M : D D : Y Y 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)				212,831.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				212,831.00	

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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
<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™ 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>9/12/08</i>
 PREPARER (3/2005)	<i>9/15/08</i> DATE PREPARED

(3/2005)

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