

The Club for Growth/NET
1778 K St. N.W.
Suite 389
Washington, DC 20008
Ph: (202) 656-6041



Fax

To: FEC	From: David Keating
Fax: 202-219-0174	Pages: 16
Phone:	Date: 10/15/04
Re: Amendment of 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 20008

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

(e) Occupation: N/A

2. FEC Identification Number
C N/A

3. Is This Statement New or Amended

4. Covering Period
10/17/2004 through 10/04/2004

5. (a) Date of Public Distribution(s) 10/04/2004 **(b) Communication Title** "Imagins"

6. Is the Filer a Qualified Nonprofit Corporation under 15 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 1,383,000.00

10. Total Disbursements/Obligations This Statement 281,978.79

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: 10/15/04

NOTE: Submission of false, unethical or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 5457p

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

PAGE 2 OF 15

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 Welas
(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 15

F1. Person(s) Sharing/Exercising Control

7.	(a) Name David Keeling	(d) Occupation Executive Director
	(b) Address (number and street) Box 85028	
	(c) City, State and ZIP Code Washington, DC 20035	
	(e) Name of Employer or Principal Place of Business Club for Growth	
8.	(a) Name	(d) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(e) Name of Employer or Principal Place of Business	
9.	(a) Name	(d) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(e) Name of Employer or Principal Place of Business	
10.	(a) Name	(d) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(e) Name of Employer or Principal Place of Business	
11.	(a) Name	(d) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(e) Name of Employer or Principal Place of Business	

SCHEDULE B-A
Donation(s) Received

PAGE 4 OF 15

<p>A. Full Name of Donor Daniel Cook</p> <p>Mailing Address of Donor 200 Crescent Ct.</p> <p>City State Zip Dallas TX 75201</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 10000.00</p>
<p>B. Full Name of Donor George Daniels</p> <p>Mailing Address of Donor 526 Thorpe Road</p> <p>City State Zip Orlando FL 32824</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 100000.00</p>
<p>C. Full Name of Donor Richard Glider</p> <p>Mailing Address of Donor 1775 Broadway 26th Floor</p> <p>City State Zip New York NY 10019</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 100000.00</p>
<p>D. Full Name of Donor David Hartman</p> <p>Mailing Address of Donor 10711 Burnet Road Suite 330</p> <p>City State Zip Austin TX 78758</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 5000.00</p>
<p>E. Full Name of Donor Douglas Hartman</p> <p>Mailing Address of Donor 10711 Burnet Road Suite 330</p> <p>City State Zip Austin TX 78758</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 5000.00</p>
<p>SUBTOTAL of Donations This Page (overleaf)</p>	
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line B)</p>	

SCHEDULE B-A
Donation(s) Received

A. Full Name of Donor
Bob Perry

Mailing Address of Donor
P.O. Box 34153

City State Zip
Houston TX 77234

Date of Receipt
MONTH DAY YEAR
10 24 2004

Amount
200000.00

B. Full Name of Donor
Bob Perry

Mailing Address of Donor
P.O. Box 34153

City State Zip
Houston TX 77234

Date of Receipt
MONTH DAY YEAR
06 24 2004

Amount
200000.00

C. Full Name of Donor
Muneer Satter

Mailing Address of Donor
419 Sheridan Road

City State Zip
Winnetka IL 60093-6401

Date of Receipt
MONTH DAY YEAR
09 21 2004

Amount
10000.00

D. Full Name of Donor
Richard Scaife

Mailing Address of Donor
1 Oxford Centre 301 Grant Street

City State Zip
Pittsburgh PA 15219-6401

Date of Receipt
MONTH DAY YEAR
10 01 2004

Amount
10000.00

E. Full Name of Donor
Jackson Stephens

Mailing Address of Donor
111 Center Street Suite 1616

City State Zip
Little Rock AR 72201

Date of Receipt
MONTH DAY YEAR
09 21 2004

Amount
50000.00

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (total page this line number only)

(carry total from last page to Line 6)

SCHEDULE B-A
Donation(s) Received

A. Full Name of Donor
William Armstrong

Date of Receipt
10 04 2004

Mailing Address of Donor
1625 Broadway Suite 780

Amount
10000.00

City State Zip
Denver CO 80202

B. Full Name of Donor
S. Craig Award

Date of Receipt
10 04 2004

Mailing Address of Donor
11 Deerhill Road

Amount
10000.00

City State Zip
Demarest NJ 07627

C. Full Name of Donor
Frank Baxter

Date of Receipt
08 21 2004

Mailing Address of Donor
11100 Santa Monica Blvd. 10th Floor

Amount
10000.00

City State Zip
Los Angeles CA 90025

D. Full Name of Donor
Bruce Bent

Date of Receipt
10 01 2004

Mailing Address of Donor
1250 Broadway 32nd Floor

Amount
10000.00

City State Zip
New York NY 10021

E. Full Name of Donor
Charles Bruine

Date of Receipt
10 11 2004

Mailing Address of Donor
600 3rd Avenue 17th Floor

Amount
10000.00

City State Zip
New York NY 10016

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)
Carry over from last page to Line 9

SCHEDULE 9-A
Donation(s) Received

PAGE 7 OF 15

<p>A. Full Name of Donor William Hume</p> <p>Mailing Address of Donor 600 Montgomery Street 28th Floor</p> <p>City State Zip San Francisco CA 94111</p>	<p>Date of Receipt OCT 21 2004</p> <p>Amount 20000.00</p>
<p>B. Full Name of Donor Rex Martin</p> <p>Mailing Address of Donor 1915 Coco Plum Way</p> <p>City State Zip Naples FL 34105</p>	<p>Date of Receipt OCT 21 2004</p> <p>Amount 10000.00</p>
<p>C. Full Name of Donor Aubrey Mc Clendon</p> <p>Mailing Address of Donor P.O. Box 18756</p> <p>City State Zip Oklahoma City OK 73154</p>	<p>Date of Receipt OCT 01 2004</p> <p>Amount 250000.00</p>
<p>D. Full Name of Donor Peter Morse</p> <p>Mailing Address of Donor One Tower Bridge 100 Front Street</p> <p>City State Zip West Conshohocken PA 19428</p>	<p>Date of Receipt OCT 25 2004</p> <p>Amount 5000.00</p>
<p>E. Full Name of Donor Ralph Nagel</p> <p>Mailing Address of Donor 1225 17th Street Suite 2440</p> <p>City State Zip Denver CO 80202</p>	<p>Date of Receipt OCT 01 2004</p> <p>Amount 20000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line B)</p>	

SCHEDULE 8-A
Donation(s) Received

<p>A. Full Name of Donor Tom Ward</p> <p>Mailing Address of Donor P.O. Box 54525</p> <p>City State Zip Oklahoma City OK 73154-1524</p>	<p>Date of Receipt MONTH DAY YEAR 08 24 2004</p> <p>Amount 250000.00</p>
<p>B. Full Name of Donor Mary Elizabeth Weiss</p> <p>Mailing Address of Donor 1304 Hawthorne Lane</p> <p>City State Zip Hinsdale IL 60521</p>	<p>Date of Receipt MONTH DAY YEAR 08 24 2004</p> <p>Amount 20000.00</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MONTH DAY YEAR</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MONTH DAY YEAR</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MONTH DAY YEAR</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) 270000.00</p> <p>TOTAL This Period (Use page this line number only) (only total from last page to Line 9) 2,363,000.00</p>	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer
KFDX

Mailing Address of Payer
4500 Seymour Highway

City **Wichita Falls** **State** **TX** **Zip Code** **76308**

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

Date of Disbursement or Obligation
 10/01/2004

Amount
 17,880.26

Communication Date
 10/01/2004

Purpose of Disbursement (including use(s) of communication(s))
Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004

Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input 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 John Kerry	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) _____

B. Full Name (Last, First, Middle Initial) of Payer
Interface Media Group

Mailing Address of Payer
1233 20th St. NW

City **Washington** **State** **DC** **Zip Code** **20038**

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

Date of Disbursement or Obligation
 10/01/2004

Amount
 322.00

Communication Date
 10/01/2004

Purpose of Disbursement (including use(s) of communication(s))
Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004 (digital delivery of ad)

Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input 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 John Kerry	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) _____

SUBTOTAL of Disbursement/Obligations This Page (optional)

TOTAL This Period (last page this line number only)
(carry total from last page to Line 11)

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KWTV						Date of Disbursement or Obligation 10/04/2004	
Mailing Address of Payee 7401 N. Kelley Ave.						Amount 34,846.00	
City Oklahoma City		State OK		Zip Code 73111		Communication Date 10/04/2004	
Name of Employer N/A						Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004							
Name of Federal Candidate Brad Carson		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State OK		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		State OK		Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought		State		Disbursement/Obligation For	
B. Full Name (Last, First, Middle Initial) of Payee KTEN						Date of Disbursement or Obligation 10/04/2004	
Mailing Address of Payee 10 Highpoint Circle						Amount 5,076.00	
City Denison		State TX		Zip Code 75020		Communication Date 10/04/2004	
Name of Employer N/A						Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004							
Name of Federal Candidate Brad Carson		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State OK		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		State OK		Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought		State		Disbursement/Obligation For	
SUBTOTAL of Disbursements/Obligations This Page (optional)							
TOTAL This Period (add page due line number only) (copy total from last page to line 10)							

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KXII		Date of Disbursement or Obligation MONTH DAY YEAR 10 01 2004	
Mailing Address of Payee 4201 Texoma Pkwy.		Amount \$ 427.50	
City Sherman	State TX	Zip Code 75020	Communication Date MONTH DAY YEAR 10 04 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004			
Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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	State OK	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	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 KJRH		Date of Disbursement or Obligation MONTH DAY YEAR 10 01 2004	
Mailing Address of Payee 3701 S. Peroria Ave.		Amount \$ 20,155.78	
City Tulsa	State OK	Zip Code 74105	Communication Date MONTH DAY YEAR 10 04 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004			
Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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	State OK	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	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 (fill page the the number only) (carry total from last page to Line 10)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

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

KOTV

Mailing Address of Payee

303 S. Frankfort

City

Tulsa

State

OK

Zip Code

74120

Name of Employer

N/A

Occupation

N/A

Date of Disbursement or Obligation

10 01 2004

Amount

\$1,807.50

Communication Date

10 04 2004

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

Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004

Name of Federal Candidate

Brad Carson

Office Sought

House

Senate

President

State

OK

District

Disbursement/Obligation For

Primary General

Other (specify) _____

Name of Federal Candidate

John Kerry

Office Sought

House

Senate

President

State

OK

District

Disbursement/Obligation For

Primary General

Other (specify) _____

Name of Federal Candidate

Office Sought

House

Senate

President

State

OK

District

Disbursement/Obligation For

Primary General

Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee

KTUL

Mailing Address of Payee

3200 S. 29th W. Ave

City

Tulsa

State

OK

Zip Code

74107

Name of Employer

N/A

Occupation

N/A

Date of Disbursement or Obligation

10 01 2004

Amount

\$1,807.50

Communication Date

10 04 2004

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

Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004

Name of Federal Candidate

Brad Carson

Office Sought

House

Senate

President

State

OK

District

Disbursement/Obligation For

Primary General

Other (specify) _____

Name of Federal Candidate

John Kerry

Office Sought

House

Senate

President

State

OK

District

Disbursement/Obligation For

Primary General

Other (specify) _____

Name of Federal Candidate

Office Sought

House

Senate

President

State

OK

District

Disbursement/Obligation For

Primary General

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)

A. Full Name (Last, First, Middle Initial) of Payee KFOR				Date of Disbursement or Obligation 10/04/2004	
Mailing Address of Payee 444 East Britton Rd.				Amount \$3,485.00	
City Oklahoma City	State OK	Zip Code 73114	Communication Date 10/04/2004		
Name of Employer n/a				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004					
Name of Federal Candidate Brad Carson	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State OK	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 type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State MA	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 _____	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 KOCO				Date of Disbursement or Obligation 10/10/2004	
Mailing Address of Payee 1300 East Britton Rd.				Amount \$3,485.00	
City Oklahoma City	State OK	Zip Code 73114	Communication Date 10/04/2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004					
Name of Federal Candidate Brad Carson	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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 type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State MA	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 _____	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 total from last page to Line 10)					

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial of Payee) KOKI		Date of Disbursement or Obligation 10/04/2004	
Mailing Address of Payee 2625 S. Memorial		Amount 2,184.26	
City Tulsa	State OK	Zip Code 74129	Communication Date 10/04/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title of communication) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004			
Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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 _____	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) KAUZ		Date of Disbursement or Obligation 10/04/2004	
Mailing Address of Payee 1 Broadcast Ave.		Amount 12,486.26	
City Wichita Falls	State TX	Zip Code 76309	Communication Date 10/04/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title of communication) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004			
Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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 _____	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 line number only) (copy total from last page to Line 10)		_____	

SCHEDULE B-B

PAGE 15 OF 15

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Warfield & Company		Date of Disbursement or Obligation (MM) (DD) (YYYY) 10 01 2004	
Mailing Address of Payee 3122 Rokeby Rd.		Amount (\$)(MM) (DD) (CC) (SS) (TT) 12,000 00	
City Delaplane	State VA	Zip Code 20144	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Employer N/A	Occupation N/A	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Purpose of Disbursement (including title) of communication(s) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004 (production costs)			
Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State MA	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		Date of Disbursement or Obligation (MM) (DD) (YYYY) 10 01 2004	
Mailing Address of Payee		Amount (\$)(MM) (DD) (CC) (SS) (TT)	
City	State	Zip Code	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Employer N/A	Occupation N/A	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Purpose of Disbursement (including title) of communication(s) Television Advertisement, "Imagine," 10/4/2004 - 10/11/2004			
Name of Federal Candidate Brad Carson	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State OK	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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State 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 (col 100)		281978.79	
TOTAL This Period (last page line line number only) (carry over from last page to Line 30)			

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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<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
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