

Please be advised that attached is a completed 24 Hour Super 5 27 Notice on behalf of David Malpass. If you should have any questions or require assistance, please do not hesitate to contact me at 212-876-4400 or David Malpass at 212-730-2063.

Thank you in advance for your assistance with these forms.

Best regards,
Liz

Elizabeth Tarpinian
Assistant to David Malpass
Grow PAC
28 West 44th Street, Suite 603
New York, NY 10036
212-876-4400

10030463955

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

10030463956

1. (a) Name of Individual, Organization or Corporation Grow PAC		3. FEC Identification Number C00490292
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 28 West 44th Street		
(c) City, State and ZIP Code New York, NY 10036		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM **10 20 2010** THROUGH **11 02 2010**

6. TOTAL CONTRIBUTIONS **25,000.00**

7. TOTAL INDEPENDENT EXPENDITURES **19,000.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures 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 Malpass	SIGNATURE <i>David Malpass</i>	DATE 10/20/2010
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

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

Malpass, David

Date of Receipt

10 / 20 / 2010

Mailing Address

275 Central Park West

City

New York, NY

State

Zip Code

10024

Amount of Each Receipt this Period

25000.00

FEC ID number of contributing federal political committee.

C00490292

Name of Employer

David Malpass - Encina Global

Occupation

President

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

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Grow PAC

Full Name (Last, First, Middle Initial) of Payee Grow PAC		Date 10/20/2010
Mailing Address 28 West 44th Street, Ste. 603		Amount 50000.00
City New York, NY	State NY	Zip Code 10036
Purpose of Expenditure S27	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NAN Hayworth		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 50000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Grow PAC		Date 10/20/2010
Mailing Address 28 West 44th Street, Ste. 603		Amount 50000.00
City New York, NY	State NY	Zip Code 10036
Purpose of Expenditure S27	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRIS GIBSON		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 50000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

10050463958

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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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label	<input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A
 PREPARER

N/A
 DATE PREPARED

10030463959