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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in t	ull) (Check if name Example: If typying, type over the lines	12FE4M5
ADDRESS (number and s	treet)	<u> </u>
(Check if address is changed)	SUITE 100 WASHINGTON	DC 20002 -
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0 5	/ D D / Y Y Y Y 20 / 2011	
3. FEC IDENTIFICA	TION NUMBER C C00470286	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examine	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Steven H. Gordon	
Signature of Treasurer	Electronically Filed by Steven H. Gordon	Date 05 / 20 / Y Y Y Y 2011
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5. TYP	E OF CC	DMMITTEE (Check One)	
Can	didate C	ommittee:	
(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete th information below.)	e candidate
Nam Can	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Part	y Comm	ittee:	
(d)		(National, State	(Democratic, Republican,etc.) Party.
Poli	tical Act	ion Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
		Corporation Corporation w/o Capital Stock Lab	or Organization
		Membership Organization Trade Association Cod	operative
(6)		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fundra	ising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	nittees Participating in Joint Fundraiser	
		1.	

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FEC Form 1	(Revised 02/2009)

Write or Type Committee Name

GROW MO POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address 1637 THEMIS Mailing Address	
Mailing Address	
CITYA STATEA Relationship: Onnected Organization Affiliated Committee Joint Fundraising Representative X L 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the possession of Committee books and records. Full Name Keith A. Davis 228 S. Washington Street Mailing Address 228 S. Washington Street Alexandria VA	
CITYA STATEA Relationship: Onnected Organization Affiliated Committee Joint Fundraising Representative X L 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the possession of Committee books and records. Full Name Keith A. Davis Mailing Address 228 S. Washington Street Suite 115 Alexandria VA	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative X L 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the possession of Committee books and records. Full Name Keith A. Davis Mailing Address 228 S. Washington Street Suite 115 Alexandria VA	63701 _
Connected Organization Affiliated Committee Joint Fundraising Representative X L 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the possession of Committee books and records. Full Name Keith A. Davis Mailing Address 228 S. Washington Street Suite 115 VA	ZIP CODE 🔺
Full Name Keith A. Davis Full Name Mailing Address Suite 115 Alexandria VA	eadership PAC Sponso
Full Name 228 S. Washington Street Mailing Address 228 S. Washington Street Suite 115 Alexandria VA	
Suite 115 Alexandria VA	
Alexandria VA	
Title or Position ♥ CITY ▲ STATE ▲	22314 _
Assistant Treasurer Telephone number 703 -	549 – 7705

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

т	reasurer		Telephone number	5460900
Title or Position ¥			STATE	
		WASHINGTON	DC	20002 –
		SUITE 100		
Mailing Address		507 CAPITOL COURT	NE	
Full Name of Treasurer	Steven H. Gordon			

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Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE 🛦	ZIP CODE 🛦
		elephone number	
Panka av Othav Dan asit	evice. List all bonks as athen deposited as in which t	he committee deposite for the	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc. r ginia Commerce Bank	he committee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc.	he committee deposits funds, h	
safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc. r ginia Commerce Bank	he committee deposits funds, h	olds accounts, rents
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