Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CLUB FOR GROWTH ACTION 2001 L ST NW STE 600 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20036 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address treasurer@clubforgrowth.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://clubforgrowthaction.org/ (Check if address is changed) DATE 2015 C00487470 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Rozansky, Adam, , Date 03 01 2024 Signature of Treasurer Rozansky, Adam, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form	1 (Revised 03/2022)	Page 2
TYPE C	DF COMMITTEE:	
Candio	date Committee:	
(a)	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 information below.)	the candidate
Name Candi	1	
Candi Party	date Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate	
Party (d)	Committee: This committee is a	atic, an, etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	cted organization is
		O and the street
		Organization
		erative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregar committee. (i.e., nonconnected committee)	ated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) X	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Com	mittees Participating in Joint Fundraiser	
1.	C	

•	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	CLUB FOR GRO	OWTH ACTION		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leader	ship PAC Sponsor
	TEAM BAUGH 2024			
	Mailing Address	228 S WASHINGTON ST		
		STE 115		
		ALEXANDRIA	VA 22314	1 1
		OUTV A		710 0005 4
	_	CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative	Leadership PAC Sponso
 7.	Custodian of Records: Ident	ify by name, address (phone number optional) and position of the	e person in posses	sion of committee
	books and records.			
	Rozansky,	Adam		
	Full Name			
	Mailing Address	2001 L St., NW, Ste. 600		
		Washington , [DC 20036	
		1 I I I I I I I I I I I I I I I I I I I	20030	
		CITY ▲ ST	TATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone number	r	955 - 5500
8.	Treasurer: List the name and	d address (phone number optional) of the treasurer of the cor	mmittee; and the r	name and address of
	any designated agent (e.g., a	assistant treasurer).		
	Full Name Rozansky,	Adam, , ,		
	of Treasurer			
	Mailing Address	2001 L St., NW, Ste. 600		
		Washington	DC 20036	
	Title or Position ▼	CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Treasurer		202	955 5500
		Telephone number	r	- 5500

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Full Name of Designated Agent Mailing Address	McIntosh, David, , , 2001 L St., NW, Ste. 600 Washington	DC	20036
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasure		number 20	2 955 5500
	Depositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits fu	nds, holds accounts, rents
Name of Bank, De	epository, etc.		
Mailing Address	Forbright Bank 4445 Willard Ave. Ste 100 Chevy Chase	MD	20815
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.		
l	Eagle Bank		
Mailing Address	2001 K ST NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
TEAM MOONEY			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Dalatianahin	CITY	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	at Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Pesignated Agent: Identi	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional) CITY	at Fundraising Representation	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposit afety deposit boxes or make the period of Bank, Depository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY CITY Cries: List all banks or other depositories in which anintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
BRANDON GILL VI	CTORY FUND		
	₁ P.O. BOX 827		
Mailing Address			
	ADUNATAN		20040
	ARLINGTON	VA	22216
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	Leadersnip PAC Spo
		oint Fundraising Hepresent	ative Leadership PAC Spo
Designated Agent: Ident		oint Fundraising Hepresent	Leadership PAC Spo
Pesignated Agent: Ident		oint Fundraising Hepresent	Leadership PAC Spo
Pesignated Agent: Ident		oint Fundraising Hepresent	Leadership PAC Spo
Pesignated Agent: Ident	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or negative deposit boxes or negative deposit boxes.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be boxes or not be boxes. Truist pepository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anaintains funds. Bank	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be boxes or not be boxes. Truist pepository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anaintains funds. Bank	STATE A Telephone Number	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1		I		
2.			FEC ID number	C
			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
lame of Any Connected	Organization, Affiliated Co	mmittee, Joint Fundra	ising Representative	e, or Leadership PAC Spons
Mailing Address				
				7ID CODE A
Relationship:	Cl	TY A	STATE A	
			STATE ▲ Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Connected Pesignated Agent: Identify Full Name	d Organization Affiliated	Committee Joint F		
Connected Pesignated Agent: Identify	d Organization Affiliated	Committee Joint F		
Connected Pesignated Agent: Identify	d Organization Affiliated	Committee Joint F		
Connected Pesignated Agent: Identify	d Organization Affiliated by name, address (phone in the latest phone in the latest ph	Committee Joint F	Fundraising Representa	ative Leadership PAC Sp
Connected Designated Agent: Identify Full Name	d Organization Affiliated by name, address (phone in the latest phone in the latest ph	Committee Joint F		