

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

ADDRESS (number and street)

3213 DUKE ST # 627

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314-4533

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00568840

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

M M M

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

M M M

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Marston, Chris, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Marston, Chris, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">2733.11</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">5998.07</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>	<span style="border: 1px solid black; padding: 2px;">5000.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">7498.07</span>	<span style="border: 1px solid black; padding: 2px;">7733.11</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">2508.81</span>	<span style="border: 1px solid black; padding: 2px;">2743.85</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">4989.26</span>	<span style="border: 1px solid black; padding: 2px;">4989.26</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">144850.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1500.00	5000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1500.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1500.00	5000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1500.00	5000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1500.00	5000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1096.50	1331.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1096.50	1331.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	1412.31	1412.31
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2508.81	2743.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2508.81	2743.85

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1500.00	5000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1500.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1096.50	1331.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1096.50	1331.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 COMMITTEE (In Full)

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rocovich, John, G, , Jr

Mailing Address 5264 Falcon Ridge Rd SW

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Moss &amp; Rocovich

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2018

Transaction ID : SA11AI.5196

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rocovich, John, G, , Jr

Mailing Address 5264 Falcon Ridge Rd SW

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Moss &amp; Rocovich

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.5197

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rocovich, John, G, , Jr

Mailing Address 5264 Falcon Ridge Rd SW

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Moss &amp; Rocovich

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2018

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

1500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')**

Full Name (Last, First, Middle Initial)

**A. Election CFO, LLC**

Mailing Address PO Box 26141

City  
AlexandriaState  
VAZip Code  
22313Purpose of Disbursement  
Compliance Consultant Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2018

FEC Identification Number

**C****Transaction ID : SB21B.5199**

Amount of Each Disbursement this Period

721.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Political Media, Inc.**Mailing Address 406 First St SE  
FI 3City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

FEC Identification Number

**C****Transaction ID : SB21B.5195**

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1096.50

1096.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 COMMITTEE (In Full)

**GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')**

Full Name (Last, First, Middle Initial)

**A. Election CFO, LLC**

Mailing Address PO Box 26141

City  
AlexandriaState  
VAZip Code  
22313Purpose of Disbursement  
Loan Repayment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2018

FEC Identification Number

**C****Transaction ID : SB26.5198**

Amount of Each Disbursement this Period

1412.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1412.31

1412.31



**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 9 OF 15

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5135

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Election CFO, LLCN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address PO Box 26141

City

Alexandria

State

VA

ZIP Code

22313

Original Amount of Loan

1412.31

Cumulative Payment To Date

1412.31

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 01 / 2017

Date Due

M M / D D / Y Y Y Y

12/31/2017

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 15

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4146

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Gilmore, James, S., III☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8105 Spencely Pl

City

Richmond

State

VA

ZIP Code

23229

Original Amount of Loan

42000.00

Cumulative Payment To Date

39150.00

Balance Outstanding at Close of This Period

2850.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 14 / 2014

Date Due

M M / D D / Y Y Y Y  
12/31/2015

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2850.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4167

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Gilmore, James, S., IIIN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8105 Spencely Pl

City

Richmond

State

VA

ZIP Code

23229

Original Amount of Loan

27000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

27000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 23 / 2014

Date Due

M M / D D / Y Y Y Y

12/31/2015

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

27000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 OF 15

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4325

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Gilmore, James, S., IIIN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8105 Spencely Pl

City

Richmond

State

VA

ZIP Code

23229

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 28 / 2015

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 15

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4431

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Gilmore, James, S., IIIN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8105 Spencely Pl

City

Richmond

State

VA

ZIP Code

23229

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 25 / 2015

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 OF 15

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4577

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Gilmore, James, S., IIIN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8105 Spencely Pl

City

Richmond

State

VA

ZIP Code

23229

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 30 / 2015

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 OF 15

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5136

GROWTH POLITICAL ACTION COMMITTEE ('GROWTH PAC')

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Gilmore, James, S., III☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8105 Spencely Pl

City

Richmond

State

VA

ZIP Code

23229

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 06 / 2017

Date Due

M M / D D / Y Y Y Y

12/31/2017

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

144850.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.