

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

469 Hospital Dr.



(Check if address is changed)

Suite C

Gastonia

NC

28054

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kpettit@ncto.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ncto.org

COMMITTEE'S FAX NUMBER

7046712366

2. DATE

M	M
0	1

 /

D	D
1	2

 /

Y	Y	Y	Y
2	0	0	9

3. FEC IDENTIFICATION NUMBER

C C00405555

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ 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 Kimberly L. PettitSignature of Treasurer Electronically Filed by Kimberly L. Pettit

Date

M	M
0	1

 /

D	D
1	2

 /

Y	Y	Y	Y
2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candidate 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 the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State
(or subordinate) committee of the (Democratic,
Republican, etc.) Party.

Political Action 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 ☐ Labor Organization
- ☐ Membership Organization ☒ Trade Association ☐ Cooperative
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>
5.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative****NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Mailing Address

469 Hospital Dr.**Suite C****Gastonia****NC****28054**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Kimberly L. Pettit

Mailing Address

469 Hospital Dr.**Suite C****Gastonia****NC****28054**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Manager

Telephone number

704**824****3522****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).

Full Name

of Treasurer

Kimberly L. Pettit

Mailing Address

469 Hospital Dr.**Suite C****Gastonia****NC****28054**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Manager

Telephone number

704**824****3522**

Full Name of
Designated
Agent

Jackie Lynn Ray

Mailing Address

2101 16th St., NW

#316

Washington

DC

20009 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number **202** - **822** - **8027**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address

401 Cox Rd.

Gastonia

NC

28054 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲