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Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITT (b) Number and Street Address 469 Hospital Dr. 2. FEC IDENTIFICATION NUMBER C00405555 Suite C (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY Gastonia NC 28054 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) **BOB ETHERIDGE** 04/19/2010 House NC 02 (ii) TRAVIS W CHILDERS 06/04/2010 House MS 01 (iii) SANFORD D JR. BISHOP House GΑ 02 06/04/2010 (iv) SUE MYRICK NC House 09 06/29/2010 (v) **WALTER B JONES** House NC 03 04/19/2010 (b) Contributors: The committee received a contribution from its 51st contributor 11/07/2005 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 08/20/2004 (d) Qualification: The committee met the above requirements on: 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 DATE SIGNATURE OF TREASURER Electronically Filed by Robin L Haynes 07/22/2010 Robin L Haynes Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact: Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 Local 202-694-1100

FEC FORM 1 M Revised 1/2001