RECEIVED

2011 MAY 23 AM 11: 06 FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
MORITHI ICIARIO	CINAL COTTO	NI PRODUKER	151 A15151	0.C.11A.T.1101N
(COMMITTEE	(NCCPAC)			
ADDRESS (number and street)	PIOISITI OFFI	1CIEI 1B101X1 161516		
(Check if address				
is changed)	MAISHULLLE		NC	27,85,6-0,65,6
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)		
√ (Check if address)	difarriishe	inicicioititioni - ic	01519111	
is changed)		<u> </u>	<u> </u>	
COMMITTEE'S WEB PAGE AD	IDDECC (LIDL)			
COMMITTEES WEB FAGE AD	I			
(Check if address is changed)	1	 		
- '		 	 	
2. DATE 05 1	9 2011			
3. FEC IDENTIFICATION N	UMBER C D	0416297		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined to	his Statement and to the best	of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name of Treasure	DAVID G	rant		
		<u> </u>	M 1	4 To the to Bird of the Low Law Law Law Law Law Law Law Law Law La
Signature of Treasurer	Nand In		Date 0	5 19 2011
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED W		
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 : (Revised 02/2009)

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
(a)	uruate	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. (Compl	ete the candidate
Name	of.	information below.)	
Candi			
Candi Party	date Affiliatio	Office on Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Com	nmittee:	
(d)	ram Disi		emocratic, epublican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	1 1	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a
		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	r: :	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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.)	
Joint	Fund	Iraising Representative:	
(g)	111	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.	or more political
(h)		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.	FEC ID number C	inanea e "brit Sinanear
	2.	FEC ID number C	··:
	3.		e distribution in the second of the second o
		I	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		1 age 0
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	hip PAC Sponsor
1 1 1 1 1 1 1 1 1 1		111111
		<u> </u>
		
Mailing Address		<u> </u>
	CITY STATE	ZIP CODE
Deletionable: (12)	113 T-	adarahin DAO Caasaa
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponso
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in pos	ssession of committee
Full Name		
Mailing Address		
		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name of Treasurer	I.D. G.P.A.N.T.	1 1 1 1 1 1 1
Mailing Address	POBOX 656	11111
		
	NASHVILLE 1278	15.61-
Title or Position	CITY STATE	ZIP CODE
TIRIEIAISIUREIR	Telephone number	ـــا-لــــ

	n 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	DAIVIID PARKILISH		
Mailing Address	18.01.18.01X1.1656111111		
	<u> </u>		
	MASHVILLE	N C STATE	27856- ZIP CODE
Title or Position			
	Telephone nu	ımber	
safety deposit bo	oxes or maintains funds. Depository, etc.		
Mailing Address	CITY	STATE	ZIP CODE
Mailing Address . Name of Bank, 0	CITY		ZIP CODE
	CITY		ZIP CODE
	CITY Depository, etc.		ZIP CODE
Name of Bank, [CITY Depository, etc.		ZIP CODE
Name of Bank, [CITY Depository, etc.		ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) 5/19/11
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirma	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
h	5/23/11
PREPARER (3/2005)	DATE PREPARED