

**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 (Home or street)

2500 LOWELL ROAD

(Check if address is changed)

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

7048240630

2. DATE ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
06 / 15 / 2005

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 Mrs. Kimberly L Pettit

Signature of Treasurer Electronically Filed by Mrs. Kimberly L Pettit

Date ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
06 / 15 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE

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 Mrs. Kimberly L Pettit

Mailing Address 2500 Lowell Rd

Gastonia NC 28054 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

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 Mrs. Kimberly L Pettit

Mailing Address 2500 Lowell Rd

Gastonia NC 28054 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

Full Name of Designated Agent Missy Branson

Mailing Address 2500 Lowell Rd.

Gastonia NC 28054 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Asst. Treasurer Telephone number 704 - 824 - 3522

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.

Mailing Address

_____|__-|__|

CITY △

STATE △

ZIP CODE △