

# 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

NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 469 Hospital Dr.

Check if different than previously reported. (ACC) Suite C

Gastonia NC 28054

2. FEC IDENTIFICATION NUMBER ▼ C C00405555 CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014

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

Type or Print Name of Treasurer Robin L Haynes

Signature of Treasurer Robin L Haynes [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="101367.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="101367.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="106367.65"/>	<input type="text" value="106367.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27146.85"/>	<input type="text" value="27146.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="79220.80"/>	<input type="text" value="79220.80"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5000.00	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))..... ▶	5000.00	5000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5000.00	5000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	146.85	146.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	146.85	146.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	27000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	27146.85	27146.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27146.85	27146.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	5000.00	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) .....	5000.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	146.85	146.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	146.85	146.85

# 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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

**A. UNIFI, INC POLITICAL ACTION COMMITTEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7201 WEST FRIENDLY AVENUE

City Greensboro State NC Zip Code 27410

FEC ID number of contributing federal political committee. **C** C00502351

Name of Employer Occupation

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  
 02 / 27 / 2014

**Transaction ID : SA11C.7072**

Amount of Each Receipt this Period  
 5000.00

PAC Contribution

**B.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ROBERT B. ADERHOLT**

Mailing Address P. O. Box 1158  
940 Hwy 13

City State Zip Code  
Haleyville AL 35565

Purpose of Disbursement  
Ag Breakfast Fundraiser 3/4/2014

011

Category/  
Type

Candidate Name

**ROBERT ADERHOLT FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : **SB23.7091**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN J. BARROW**

Mailing Address PO BOX 8166

City State Zip Code  
SAVANNAH GA 31412

Purpose of Disbursement  
Luncheon Fundraiser 2/25/2014

011

Category/  
Type

Candidate Name

**FRIENDS OF JOHN BARROW**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : **SB23.7103**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JEFF DUNCAN**

Mailing Address PO BOX 732

City State Zip Code  
CLINTON SC 29325

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**JEFF DUNCAN FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : **SB23.7075**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RENEE JACISIN ELLMERS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Mailing Address 122 KINGSWAY DR

**Transaction ID : SB23.7076**

City State Zip Code  
DUNN NC 28334

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Reception Fundraiser 2/10/2014

011
Category/ Type

Candidate Name

**RENEE ELLMERS FOR CONGRESS COMMITTEE**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NC District: 02	

Full Name (Last, First, Middle Initial)

**B. CHARLES J FLEISCHMANN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Mailing Address 735 BROAD STREET  
SUITE 1000

**Transaction ID : SB23.7104**

City State Zip Code  
CHATTANOOGA TN 37402

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Reception Fundraiser 3/12/2014

011
Category/ Type

Candidate Name

**CHARLES J FLEISCHMANN**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TN District: 03	

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER P GIBSON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Mailing Address PO BOX 543

**Transaction ID : SB23.7086**

City State Zip Code  
KINDERHOOK NY 12106

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Lunch Fundraiser 2/26/2014

011
Category/ Type

Candidate Name

**CHRIS GIBSON FOR CONGRESS**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY District: 19	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TREY GOWDY**

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement  
Breakfast Fundraiser 2/4/2014

011

Candidate Name  
**TREY GOWDY FOR CONGRESS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: SC District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2014

Transaction ID : SB23.7077

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LINDSEY GRAHAM**

Mailing Address PO BOX 486

City SENECA State SC Zip Code 29679

Purpose of Disbursement  
BBQ Fundraiser 2/6/14

011

Candidate Name  
**TEAM GRAHAM INC**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: SC District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2014

Transaction ID : SB23.7073

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. TOM GRAVES**

Mailing Address PO BOX 335

City CALHOUN State GA Zip Code 30703

Purpose of Disbursement  
Breakfast Fundraiser 1/28/2014

011

Candidate Name  
**GRAVES FOR CONGRESS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: GA District: 14

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2014

Transaction ID : SB23.7078

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GEORGE E B HOLDING**

Mailing Address 1705 KNOX ROAD

City RALEIGH State NC Zip Code 27608

Purpose of Disbursement  
Fundraiser Event 3/13/2014

011

Category/  
Type

Candidate Name

**GEORGE HOLDING FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	4

Transaction ID : **SB23.7092**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. RICHARD L. JR. HUDSON**

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement  
Breakfast Fundraiser 2/27/2014

011

Category/  
Type

Candidate Name

**HUDSON FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	4

Transaction ID : **SB23.7089**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. DUNCAN HUNTER**

Mailing Address 9340 FUERTE DRIVE SUITE 302

City LA MESA State CA Zip Code 91941

Purpose of Disbursement  
Dinner Fundraiser 2/27/2014

011

Category/  
Type

Candidate Name

**DUNCAN D. HUNTER FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	4

Transaction ID : **SB23.7080**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HENRY C 'HANK' JOHNSON**

Mailing Address 4262 CLAUSELL COURT

City State Zip Code  
DECATUR GA 30035

Purpose of Disbursement  
Luncheon Fundraiser 2/27/2014

011

Candidate Name  
**COMMITTEE TO RE-ELECT HENRY HANK JOHNSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : SB23.7081

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. WALTER B JONES**

Mailing Address PO BOX 668

City State Zip Code  
FARMVILLE NC 27828

Purpose of Disbursement  
Birthday Celebration 2/11/2014

011

Candidate Name  
**WALTER JONES COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : SB23.7082

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. FRANK A. LOBIONDO**

Mailing Address 8 S. SOMERSET AVENUE

City State Zip Code  
VENTNOR NJ 08406

Purpose of Disbursement  
Lunch Fundraiser 2/11/2014

011

Candidate Name  
**LOBIONDO FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : SB23.7083

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PATRICK TIMOTHY MCHENRY**

Mailing Address 1100 REQUA RD

City State Zip Code  
CHERRYVILLE NC 28021

Purpose of Disbursement  
Lunch Fundraiser 2/28/2014

011

Category/  
Type

Candidate Name

**MCHENRY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

Transaction ID : **SB23.7090**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. JOHN MICHAEL 'MICK' MULVANEY**

Mailing Address 550 RALPH HOOD ROAD

City State Zip Code  
INDIAN LAND SC 29707

Purpose of Disbursement  
Breakfast Fundraiser 3/5/2014

011

Category/  
Type

Candidate Name

**MULVANEY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	4

Transaction ID : **SB23.7084**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. RANDY HONORABLE NEUGEBAUER**

Mailing Address PO BOX 54175

City State Zip Code  
LUBBOCK TX 79453

Purpose of Disbursement  
Ag Breakfast Fundraiser 2/5/2014

011

Category/  
Type

Candidate Name

**NEUGEBAUER CONGRESSIONAL COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	4

Transaction ID : **SB23.7085**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WILLIAM J. HON. JR. PASCRELL**

Mailing Address PO BOX 640

City TOTOWA State NJ Zip Code 07511

Purpose of Disbursement  
Fundraiser Event 3/5/2014

011

Category/  
Type

Candidate Name

**PASCRELL FOR CONGRESS INC.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2014

**Transaction ID : SB23.7093**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TOM RICE**

Mailing Address 5100 NORTH OCEAN BLVD

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement  
Lunch Fundraiser 3/13/2014

011

Category/  
Type

Candidate Name

**TOM RICE FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2014

**Transaction ID : SB23.7097**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CEDRIC L RICHMOND**

Mailing Address 1631 ELYSIAN FIELDS

City NEW ORLEANS State LA Zip Code 70116

Purpose of Disbursement  
Luncheon Fundraiser 3/13/2014

011

Category/  
Type

Candidate Name

**RICHMOND FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2014

**Transaction ID : SB23.7098**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY E SCOTT**

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Dinner Fundraiser 2/25/2014

011

Candidate Name

**TIM SCOTT FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : **SB23.7074**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PATRICK J. TIBERI**

Mailing Address 6830 MAHOGANY DRIVE

City GALENA State OH Zip Code 43021

Purpose of Disbursement  
Dinner Fundraiser 4/2/2014

011

Candidate Name

**TIBERI FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : **SB23.7099**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER VAN HOLLEN**

Mailing Address 10605 CONCORD STREET, SUITE 202

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement  
Luncheon Fundraiser 3/11/2014

011

Candidate Name

**VAN HOLLEN FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : **SB23.7100**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY J. WALZ**

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement  
Reception Fundraiser 3/4/2014

Candidate Name

**TIM WALZ FOR US CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2014

**Transaction ID : SB23.7094**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00
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27000.00
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