

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

Office Use Only

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

12FE4M5

NTC

ADDRESS (number and street)

1000 Johnnie Dodds Blvd

☐(Check if address  
is changed)

Suite 103-235

Mount Pleasant

CITY ▲

SC

STATE ▲

29464

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address  
is changed)

gabrielle@dalemberte.com

Optional Second E-Mail Address

NeverTomCotton@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

www.NeverTomCotton.org

2. DATE

MM / DD / YYYY  
02 / 10 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00769505

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 D'Alemberte, Gabrielle, , ,

Signature of Treasurer

D'Alemberte, Gabrielle, , ,

[Electronically Filed]









Date

MM / DD / YYYY  
08 / 26 / 2021

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 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

NTC

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 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

Dalemberte, Gabrielle, , ,

Mailing Address

735 Coleman Blvd

106

Mt. Pleasant

SC

29464

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

305

975

6457

## 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

D'Alemberte, Gabrielle, , ,

Mailing Address

570 FLAMBEAU RETREAT

MOUNT PLEASANT

CITY

STATE

ZIP CODE

Title or Position

Telephone number

305

975

6457

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

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.

Wells Fargo

Mailing Address

1505 N. Highway 17

Mount Pleasant

SC

29464

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE