

# 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

Novolex Holdings, LLC Responsible Government Fund (Novolex PAC)

ADDRESS (number and street) 3436 Toringdon Way  
 (Check if address is changed) Suite 100  
Charlotte NC 28277  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) novolexpac@novolex.com  
Optional Second E-Mail Address  
alexandra.nelson@novolex.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed) www.NovolexPAC.org

2. DATE 04 / 26 / 2024

3. FEC IDENTIFICATION NUMBER C C00508127

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 Norman, E., , Dennis,

Signature of Treasurer Norman, E., , Dennis, Date 04 / 26 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

**Candidate Committee:**

- (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

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation  Corporation w/o Capital Stock  Labor Organization  
 Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

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

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_

2. \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

**Novolex Holdings, LLC Responsible Government Fund (Novolex PAC)**

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

Novolex Holdings, LLC

Mailing Address

101 E Carolina Ave

Hartsville

SC

29550

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Organization

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

Nelson, Alex, , ,

Mailing Address

3436 Toringdon Way

STE 100

Charlotte

NC

28277

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Sr. Treasury Manager

Telephone number

980

498

4088

**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

Norman, E., , Dennis,

Mailing Address

3436 Toringdon Way

Suite 100

Charlotte

NC

28277

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CFO

Telephone number

980

498

4056

Full Name of Designated Agent

Nelson, Alex, , ,

Mailing Address

3436 Toringdon Way Suite 100

Charlotte

NC

28277

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Sr. Treasury Manager

Telephone number

980

498

4088

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.

First Citizens Bank and Trust

Mailing Address

130 S Fifth Street

Hartsville

SC

29550-4210

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

Updated email address and name change

Form/Schedule:

Transaction ID: