

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SOUTHEAST COTTON COMMITTEE (SECC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN		FEC IDENTIFICATION NUMBER ▼ C C00300426
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee AMERICAN SECURITY PAC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020
Mailing Address 167 WEST MANOR LANE		Amount 2500.00
City ALEXANDRIA	State AL	Zip Code 36250
Purpose of Expenditure contribution	Category/Type 011	Transaction ID : SE.12081 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2020
Name of Federal Candidate ROGERS, MICHAEL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 2500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee BICE FOR CONGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020
Mailing Address PO BOX 21315		Amount 1000.00
City OKLAHOMA CITY	State OK	Zip Code 73156
Purpose of Expenditure contribution	Category/Type 011	Transaction ID : SE.12072 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2020
Name of Federal Candidate BICE, STEPHANIE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 1000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ruppenicker, David, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 20 / 2020

Signature

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(Schedule E)PAGE 2 OF 3
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NAME OF COMMITTEE (In Full) SOUTHEAST COTTON COMMITTEE (SECC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN		FEC IDENTIFICATION NUMBER ▼ C C00300426
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee MILLER-MEEKS FOR CONGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020
Mailing Address PO BOX 33		Amount 1000.00
City OTTUMWA	State IA	Zip Code 52501
Purpose of Expenditure contribution	Category/Type 011	Transaction ID : SE.12073 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2020
Name of Federal Candidate MILLER-MEEKS, MARIANNETTE JANE, ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee PERDUE FOR SENATE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020
Mailing Address 3110 MAPLE DRIVE NE SUITE 400		Amount 3000.00
City ATLANTA	State GA	Zip Code 30305
Purpose of Expenditure contribution	Category/Type 011	Transaction ID : SE.12080 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2020
Name of Federal Candidate PERDUE, DAVID, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 3000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ruppenicker, David, ,

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PAGE	3	OF	3
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Full Name of Payee TIFFANY SHEDD FOR CONGRESS COMMITTEE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020
Mailing Address 111 W FLORENCE BLVD SUITE 7		Amount 1000.00
City CASA GRANDE	State AZ	Zip Code 85122
Purpose of Expenditure contribution	Category/Type 011	Transaction ID : SE.12074 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2020
Name of Federal Candidate SHEDD, TIFFANY, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 1000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	8500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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