Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) is changed) over the lines. SOUTHEAST COTTON COMMITTEE (SECC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN 139 Prominence Court ADDRESS (number and street) Ste. 110 (Check if address is changed) Dawsonville 30534 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS david@southern-southeastern.org (Check if address is changed) Optional Second E-Mail Address susan@southern-southeastern.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00300426 FEC IDENTIFICATION NUMBER 3. X 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. Ruppenicker, David, , , Type or Print Name of Treasurer Ruppenicker, David, , , [Electronically Filed] 04 05 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------|-------------------------|--|---|
| | | OMMITTEE | |
| | naidate | Committee: | |
| (a) | ш | 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. (Compinformation below.) | plete the candidate |
| | ne of ididate | | |
| | didate ty Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | ne of didate | | |
| Pai | rty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | × | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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) | п | This committee supports/opposes more than one Federal candidate, and is NOT a separate sea | gregated fund or party |
| (1) | ш | committee. (i.e., nonconnected committee) | grogatod fand or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joir | nt Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

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|--|----------------------|
| Write or Type Committee Name | . 590 1 |
| SOUTHEAST COTTON COMMITTEE (SECC) SOUTHERN COTTONGROWERS INC/SE COTTO | N GINNERS ASSN |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders | hip PAC Sponsor |
| Southern Cotton Growers | |
| | <u> </u> |
| 139 Prominence Court | |
| Mailing Address Ste. 110 | |
| Dawsonville GA 30534 | - |
| CITY STATE | ZIP CODE |
| Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Lea | adership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in pos books and records. | session of committee |
| Full Name | |
| Mailing Address | |
| | |
| | |
| Title or Position CITY STATE | ZIP CODE |
| | |
| 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). | me and address of |
| Full Name Ruppenicker, David, , , of Treasurer | |
| Mailing Address 6020 Wellington Avenue 6020 Wellington Avenue 6020 Wellington Avenue 6020 Wellington Avenue | |
| | |
| Gainesville GA 30506 | |
| CITY STATE Title or Position | ZIP CODE |
| - | 344 - 1212 |

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|---|---|--------------------------|--------------------|
| | | | - |
| Full Name of Designated Agent | 1 | 1 1 1 1 1 1 1 1 1 | |
| Mailing Address | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Title or Position | GITT | SIAIL | ZII CODE |
| | Telephone nu | mber | |
| | | | |
| Banks or Other safety deposit b Name of Bank, | r Depositories: List all banks or other depositories in which the commit loxes or maintains funds. Depository, etc. | ttee deposits funds, hol | ido decodino, remo |
| safety deposit b | Depository, etc. BB & T | ttee deposits funds, not | |
| safety deposit b Name of Bank, | Depository, etc. BB & T | ttee deposits funds, not | |
| safety deposit b Name of Bank, | Depository, etc. BB & T | GA 30534 | |
| safety deposit b Name of Bank, | Depository, etc. BB & T 136 Hwy 400 S | | |
| safety deposit b Name of Bank, | Depository, etc. BB & T 136 Hwy 400 S Dawsonville CITY | GA 30534 | |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. BB & T 136 Hwy 400 S Dawsonville CITY Depository, etc. | GA 30534 STATE | ZIP CODE |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. BB & T 136 Hwy 400 S Dawsonville CITY Depository, etc. | GA 30534 STATE | ZIP CODE |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. BB & T 136 Hwy 400 S Dawsonville CITY Depository, etc. | GA 30534 STATE | ZIP CODE |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. BB & T 136 Hwy 400 S Dawsonville CITY Depository, etc. | GA 30534 STATE | ZIP CODE |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| h). Joint Fundraisi | ng randipant. | | |
|---|--|-------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| | l Organization, Affiliated Committee, Joint Fund | raising Representativ | e, or Leadership PAC Spon |
| Southeastern Co | tton Ginners Association, Inc. | | |
| | | | |
| | 139 Prominence Court, Ste. 110 | | |
| Mailing Address | 139 Frommerice Court, Ste. 110 | | |
| | | | |
| | Dawsonville | GA L | 30534 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| ✗ Connecte | ed Organization Affiliated Committee Join | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | ed Organization Affiliated Committee Join fy by name, address (phone number – optional) | t Fundraising Represent | ative Leadership PAC S |
| | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | | t Fundraising Represent | ative Leadership PAC S |
| esignated Agent: Identi | fy by name, address (phone number – optional) | t Fundraising Represent | |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the state of Bank, | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |