STATEMENT OF

PAGE 1/5 =

FORM 1		C	ORGAN	IZATI	ON						0	ffice U	lse On	ly			
1. NAME OF COMMITTEE (in	full)	×	(Check if name is changed)		ample:If ter the line		ype	1	2F	E4M	5			-			
National Co	tton Co	unci	I of Amer	rica Co	mmit	tee f	for t	he	Ac	lva	nce	me	ent	of (Cot	tor	١
ADDRESS (number a	nd street)	P.O. Bo	ox 2995														
(Check if a is changed		Cordov	/a						TN		380)88-29	005				
			CITY A					5	STATE]-[DE 🛦		╛
COMMITTEE'S E-MA	IL ADDRES	S															
(Check if a is changed		ncox@	©cotton.org														╛
		Optiona	al Second E-Ma	il Address													ı
																	_
COMMITTEE'S WEB (Check if a is changed	address																
2. DATE 02	M / D D D	/ Y	2015														
3. FEC IDENTIFIC	CATION NUI	ИBER	C	C000230	28												
4. IS THIS STATEN	MENT X	NEV	W (N) OF	₹ [AN	ENDED) (A)										
I certify that I have e	examined this	Statem	nent and to the	best of my	knowledg	e and	belief	it is t	rue,	corre	ct and	l com	plete				
Type or Print Name of	of Treasurer	Mr. Jor	n W. Hardwick														
Signature of Treasure	er <i>Mr. Jon</i>	w. Hard	lwick		[Electron	ically Fi	iled]	Da	te	M)2	D	17	/ Y	201	5	Υ
NOTE: Submission of			ncomplete informa									pena	lties o	of 2 U	.S.C.	§437	g.
Office Use Only					For furth Federal I Toll Free Local 20	Election C	Commis -9530		ct:				C F				

	EEC Fa	rm 1 (Pavisad 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	rage Z
		e 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. (Cominformation below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

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FEC Form 1 (Revised 0	2/2009)		Page 3
Write or Type Committee Name			<u> </u>
National Cotton C	ouncil of America Committee	for the Advancer	ment of Cotton
	rganization, Affiliated Committee, Joint Fundrais		
		mg Roprosomativo, or Esauc	risimp i Ale epensei
National Cotton Counc	ii of America 		
Mailing Address	7193 Goodlett Farms Parkway		
Mailing Address			
	Cordova	TN 38016	
	CITY	STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fu	ndraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identi books and records. 	ify by name, address (phone number optional) a	and position of the person in p	possession of committee
Mrs. Nancy	T. Cox		1
	7193 Goodlett Farms Parkway		
Mailing Address			
		——————————————————————————————————————	
	Cordova	TN 38016	
Title or Position	CITY	STATE	ZIP CODE
Accounting Associate	Telepl	hone number	
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasuressistant treasurer).	rer of the committee; and the	name and address of
Full Name Mr. Jon W. of Treasurer	Hardwick		
Mailing Address	7193 Goodlett Farms Parkway		
3			
	Cordova	. TN 38016	
	CITY	STATE SOUTH	ZID CODE

9030

901

Telephone number

Full Name of Designated	R. E. Shellabarger	
Agent Mailing Address	7193 Goodlett Farms Parkway	
Maining Address		
	Cordova TN 38016 CITY STATE	ZIP CODE
Title or Position Controller		274 - 9030
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds	s accounts, rents
Salety deposit bu	oxes or maintains funds.	
Name of Bank, I	oxes or maintains funds. Depository, etc.	
Name of Bank, [Depository, etc. Regions Bank 1415 Union Avenue	
-	Depository, etc. Regions Bank 1415 Union Avenue	
Name of Bank, [Depository, etc. Regions Bank 1415 Union Avenue	
Name of Bank, [Depository, etc. Regions Bank 1415 Union Avenue Memphis TN 38104	ZIP CODE
Name of Bank, [Depository, etc. Regions Bank 1415 Union Avenue Memphis TN 38104 CITY STATE	ZIP CODE
Name of Bank, [Depository, etc. Regions Bank 1415 Union Avenue Memphis TN 38104 CITY STATE	ZIP CODE
Name of Bank, [Depository, etc. Regions Bank 1415 Union Avenue Memphis TN 38104 CITY STATE Depository, etc. The Metropolitan Bank 1661 Aaron Brenner Drive	ZIP CODE
Name of Bank, [Mailing Address]	Depository, etc. Regions Bank 1415 Union Avenue Memphis TN 38104 CITY STATE Depository, etc. The Metropolitan Bank 1661 Aaron Brenner Drive	ZIP CODE
Name of Bank, [Mailing Address]	Depository, etc. Regions Bank 1415 Union Avenue Memphis TN 38104 CITY STATE Depository, etc. The Metropolitan Bank 1661 Aaron Brenner Drive	ZIP CODE

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Form/Schedule: F1N Transaction ID:

Responding to letter dated 2/3/15 in regards to name of connected organization and name of PAC. Have changed name to National Cotton Council of America Committee for the Advancement of Cotton. (AKA as CAC.)

Form/Schedule: Transaction ID: