

COTTON GINNINGS REPORT – Master Copy



NATIONAL AGRICULTURAL STATISTICS SERVICE

California Field Office
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 Sacramento, CA 95812
 1-800-851-1127
 Fax: 1-888-478-5637
 Nass-ca@nass.usda.gov

Information requested in this survey is used to prepare estimates of selected agricultural commodities. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**.

INSTRUCTIONS

- Report cotton ginned from the [CROP YEAR] crop prior to [REFERENCE DATE].
- This report may be faxed to our office at [FAX NUMBER] or mailed on [REFERENCE DATE].

OFFICE USE

599
598

1. Total bales of cotton ginned prior to [REFERENCE DATE]. Bales
2. How many more bales do you expect to gin from [REFERENCE DATE] to the end of the season Bales
3. Average price paid (or will be paid) to producers for cottonseed sold during the last two weeks of [REFERENCE MONTH – 1] (*Include amount deducted from ginning charges if nothing is paid directly to producers*) Dollars per Ton
3. Average price paid (or will be paid) to producers (or amount deducted from ginning charges) for cottonseed sold the first two weeks of [REFERENCE MONTH] (*Include amount deducted from ginning charges if nothing is paid directly to producers*).. . . . Dollars per Ton

Upland	American Pima
411	311
412	312
421	321
\$	\$
421	321
\$	\$

4. In what county(s) is the cotton gin(s) located which you reported for on this form?

505
 a. _____
 506
 b. _____
 507
 c. _____

Survey Results: To receive the complete results of this survey on the release date, go to www.nass.usda.gov/results/.

Would you rather have a brief summary sent to you at a later date?

Yes No

99

Respondent Name: _____	9911 Phone: (____) _____	9910 MM DD YY Date: _____
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OFFICE USE ONLY													
Response	9901	Respondent	9902	Mode	9903	Enum	Eval.	Change	9910	9911	9912	9913	9914
1-Comp		1-Op/Mgr		1-Mail		098	100	785		407	408	9906	9916
2-R		2-Sp		2-Tel									
3-Inac		3-Acct/Bkpr		3-Face-to-Face									
4-Office Hold		4-Partner		4-CATI									
5-R – Est		9-Oth		5-Web									
6-Inac – Est				6-e-mail									
7-Off Hold – Est				7-Fax									
8-Known Zero				8-CAPI									
				19-Other									

S/E Name _____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0220. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.