Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SOUTHERN STATES PAC POST OFFICE BOX 905 ADDRESS (number and street) (Check if address is changed) **TUPELO** 38802 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS morgan@morganbaldwin.com (Check if address is changed) Optional Second E-Mail Address jacque@jacquesoileau.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2021 C00778308 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. SOILEAU, JACQUE, T,, Type or Print Name of Treasurer SOILEAU, JACQUE, T,, [Electronically Filed] 04 30 2021 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	
Car	ndidate	e 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. (Complinformation below.)	ete the candidate
Nam Can	ne 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 Can	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · ·	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 segrecommittee. (i.e., nonconnected committee)	egated 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	ıt Fund	Iraising 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

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Write or Type Committee Name	raye 3
SOUTHERN STATES PAC	
	AC C
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership P	AC Sponsor
KELLY, JOHN, TRENT, ,	
438 EAST MAIN STREET Mailing Address	
TUPELO MS 38804	1 1 1
CITY STATE ZIP (CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative X Leadersh	nip PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possessi books and records. 	on of committee
SOILEAU, JACQUE, T, ,	I
Full Name,300 OVERLOOK DRIVE	
Mailing Address	
BRANDON MS 39042	
Title or Position CITY STATE ZIP C	CODE
TREASURER Telephone number 601 - 506	_ 3347
8. Treasurer : List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	nd address of
Full Name SOILEAU, JACQUE, T, ,	
of Treasurer	
Mailing Address 300 OVERLOOK DRIVE	
BRANDON MS 39042	
CITY STATE ZIP C Title or Position	ODE
TREASURER 601 - 506	_ 3347

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Full Name of Designated	BALDWIN, MORGAN, , ,	
Agent Mailing Address	POST OFFICE BOX 7092	
g 122.000		
	TUPELO MS 39902	
Title or Position	CITY STATE ZIP	CODE
	Telephone number 662 - 687	
Danka Ott		
Danka - Ot		
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds accoves or maintains funds.	counts, rents
	oxes or maintains funds.	counts, rents
safety deposit be	oxes or maintains funds.	counts, rents
safety deposit be	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET	counts, rents
safety deposit b Name of Bank,	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET	counts, rents
safety deposit b Name of Bank,	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET	counts, rents
safety deposit b Name of Bank,	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET BRANDON MS 39042	counts, rents
safety deposit be Name of Bank,	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET BRANDON CITY STATE ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET BRANDON CITY STATE ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET BRANDON CITY STATE ZIF Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET BRANDON CITY STATE ZIF Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc. COMMUNITY BANK OF MISSISSIPPI 1255 W GOVT STREET BRANDON CITY STATE ZIF Depository, etc.	