Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Butler Snow Political Action Committee** 1020 Highland Colony Parkway ADDRESS (number and street) **Suite 1400** (Check if address is changed) Ridgeland 39157 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul.pratt@butlersnow.com (Check if address is changed) Optional Second E-Mail Address tommie.cardin@butlersnow.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2021 C00382275 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. Cardin, Tommie, , Mr., Type or Print Name of Treasurer Cardin, Tommie, , Mr., [Electronically Filed] 80 25 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

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In a			
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Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No 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 segregated fund or procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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2. FEC ID number			
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4.			

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Write or Type Committee Nam	пе	
Butler Snow Po	olitical Action Committee	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
NONE		
1		<u> </u>
Mailing Address		
Mailing Address		
		1 1 1
	CITY STATE	ZIP CODE
Dellationalities		_
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representativ	Leadership PAC Sponsor
Custodian of Records: Ide	entify by name, address (phone number optional) and position of the pers	son in possession of committee
books and records.	, and the second	10.1 m. p=======
Pratt, Pac	ul, , ,	
Mailing Address	P.O. Box 6010	
Maining Address		
	Ridgeland	39158
Title or Position	CITY STATE	ZIP CODE
	CITI STAIL	ZIF CODE
CFO	Telephone number	
Traccurary List the name of	nd address (phone number optional) of the treasurer of the committee; a	and the name and address of
any designated agent (e.g.,	assistant treasurer).	id the name and address of
Full Name Cardin, To	ommie, , Mr.,	I
	P. O. Box 6010	
Mailing Address		
	Ridgeland MS	39158-6010
	CITY STATE	ZIP CODE
Title or Position		. - -

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STAT	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Deposit	gions Bank	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. gions Bank 1020 Highland Colony Parkway Suite 201	
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