Only

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STATEMENT OF **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. CADENCE BANK PAC 201 SOUTH SPRING ST ADDRESS (number and street) ONE MISSISSIPPI PLAZA (Check if address is changed) TUPELO 38804 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS marty.rowe@bxs.com (Check if address X is changed) Optional Second E-Mail Address chris.gossett@cadencebank.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2021 C00183962 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. ROWE, MARTY, , , Type or Print Name of Treasurer ROWE, MARTY, , , [Electronically Filed] 10 29 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

FF	C E	m 1 (Pavisad 02/2000)	Paga 2
		m 1 (Revised 02/2009) DMMITTEE	Page 2
Candi	idate	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. (Complinformation below.)	ete the candidate
Name of Candida			
Candida Party A		n Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party	Com	mittee:	
(d)			Democratic, epublican, etc.) Party
Politic	cal A	etion Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
		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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Joint F	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.	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
	Comr	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/200	9)		Page 3
Write or Type Committee Name	<u>*/</u>		, ago 🗸
CADENCE BANK	PAC		
	zation, Affiliated Committee, Joint Fundraising Rep	resentative, or Leadership	PAC Sponsor
BANCORPSOUTH BANK			·
DAIVOITI SOOTTI DAIVIT			
Mailing Address	BOX 789		
TUP	ELO CITY	MS 38802 STATE ZIF	P CODE
Relationship: x Connected Orga	nization Affiliated Committee Joint Fundraising	g Representative Leader	rship PAC Sponsor
 Custodian of Records: Identify by books and records. 	name, address (phone number optional) and posit	tion of the person in posses	ssion of committee
ROWE, MARTY,	,,		1
	BOX 789		
Mailing Address			
L _I TUF	PELO	MS 38802	
Title or Position	CITY	STATE ZIP	CODE
TREASURER	Telephone nur	mber 662 - 680	0 2575
3. Treasurer: List the name and addr any designated agent (e.g., assista	ess (phone number optional) of the treasurer of the nt treasurer).	e committee; and the name	and address of
Full Name ROWE, MARTY, of Treasurer	,, 		1
	BOX 789		
L TŲP	ELO	MS 38802	_
	CITY		CODE
Title or Position FIRST VICE PRESIDENT	Telephone nur	mber 662 - 680	

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	GOSSETT, CHRIS, , ,	
Mailing Address	2100 3RD AVENUE NORTH	
	SUITE 1100	
	BIRMINGHAM AL CITY STATE	35203
Title or Position ASSISTANT TR	REASURER 205 Telephone number	327 3514
safety deposit bo Name of Bank, E	Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds. Depository, etc. BANCORPSOUTH BANK P O BOX 789	ds, holds accounts, rents
Mailing Address		
	TUPELO I MS I I	
		38802
	CITY STATE	38802 ZIP CODE
Name of Bank, D	CITY STATE	
Name of Bank, D	CITY STATE	
Name of Bank, E	CITY STATE	
	CITY STATE	
	CITY STATE	

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

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5(g) d	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	7.			
6.		Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Sponsor
	Mailing Address	2100 3RD AVENUE NORTH		
		SUITE 1100		
		BIRMINGHAM	AL	35203
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization	nt Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify COLEMAN	Organization Affiliated Committee Join by name, address (phone number – optional) JENNIFER, , ,	nt Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify COLEMAN Full Name	by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify COLEMAN	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH	nt Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify COLEMAN Full Name	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH SUITE 1100		
8.	Designated Agent: Identify COLEMAN Full Name	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH	nt Fundraising Representa	
8.	Designated Agent: Identify COLEMAN Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH SUITE 1100 BIRMINGHAM CITY		
88.	Designated Agent: Identify COLEMAN Full Name Mailing Address	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH SUITE 1100 BIRMINGHAM CITY	STATE A	35203
8. 9.	Designated Agent: Identify COLEMAN Full Name Mailing Address TITLE OR POSITION ASSISTANT TREASURE ASSISTANT	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH SUITE 1100 BIRMINGHAM CITY R R T es: List all banks or other depositories in which	STATE A	35203 ZIP CODE ▲ 205 — 820 — 9584
	Designated Agent: Identify COLEMAN Full Name Mailing Address TITLE OR POSITION ASSISTANT TREASURE HEAD TO THE TREASURE Banks or Other Depositori	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH SUITE 1100 BIRMINGHAM CITY R R T es: List all banks or other depositories in which	STATE A	35203 ZIP CODE ▲ 205 — 820 — 9584
	Designated Agent: Identify COLEMAN Full Name Mailing Address TITLE OR POSITION ASSISTANT TREASURE ASSISTANT	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH SUITE 1100 BIRMINGHAM CITY R R T es: List all banks or other depositories in which	STATE A	35203 ZIP CODE ▲ 205 — 820 — 9584
	Designated Agent: Identify COLEMAN Full Name Mailing Address TITLE OR POSITION ASSISTANT TREASURE ASSISTANT TREASURE ASSISTANT Depositorisafety deposit boxes or main Name of Bank, Depository, etc.	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH SUITE 1100 BIRMINGHAM CITY R R T es: List all banks or other depositories in which	STATE A	35203 ZIP CODE ▲ 205 — 820 — 9584
	Designated Agent: Identify COLEMAN Full Name Mailing Address TITLE OR POSITION ASSISTANT TREASURE ASSISTANT TREASURE ASSISTANT Depositorisafety deposit boxes or main Name of Bank, Depository, etc.	by name, address (phone number – optional) I, JENNIFER, , , 2100 3RD AVENUE NORTH SUITE 1100 BIRMINGHAM CITY R R T es: List all banks or other depositories in which	STATE A	35203 ZIP CODE ▲ 205 — 820 — 9584

FEC Form 1S (Revised 02/2017)

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

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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	2100 3RD AVENUE NORTH		
Ü	SUITE 1100		
	BIRMINGHAM	AL	35203
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join / by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
			Leadership FAC 3
esignated Agent: Identify			Leavership FAC 3
esignated Agent: Identify			Leadership FAC 3
esignated Agent: Identify			Leadership FAC 3
esignated Agent: Identify	by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailame of Bank, depository, etc.	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A